## 2018-2019 CAMPAIGN REPORTING ENVELOPE

United Way of Union County



Please fill out this form completely. It is important for audit purposes and for the efficiency of the campaign. Upon completion of the campaign, enclose copies of all completed pledge forms and all gifts of cash and checks. Return the envelope and any unused campaign materials to the United Way office or call us for pickup. Thank you so much for helping to coordinate this project. Know that your efforts are going a long way toward improving lives right here in Union County!

## www.unitedwayofunioncounty.org

Date: /

648 Clymer Road, Suite 120 Marysville, Ohio 43040 (937) 644-8381 or (877) 644-8381 FAX: (937) 303-4168

| Company Name:  |                   |                      | Number of Employees:  |                    |
|--|-------------------|----------------------|-----------------------|--------------------|
| Address:   |                   |                      | Telephone:            |                    |
| City & Zip: Campaign Coordinator:  |                   |                      |                       |                    |
|  |                   |                      |                       |                    |
| Donation Methods   | Number of Pledges | Total Amount Pledged | Total Amount Enclosed | Balance to be Paid |
| Payroll Deductions   |                   |                      |                       |                    |
| One-Time Cash  |                   |                      |                       |                    |
| One-Time Checks  |                   |                      |                       |                    |
| "Bill me" Pledges  |                   |                      |                       |                    |
| Credit Card Pledges  |                   |                      |                       |                    |
| Company Fundraisers  |                   |                      |                       |                    |
| Company Match/Gifts  |                   |                      |                       |                    |
| Grand Total  |                   | \$                   | \$                    | \$                 |
| Payment of Balance will be paid:  Monthly Quarterly Please have United Way bill us quarterly.  Does your company allow new hires to enroll in payroll deduction for United Way year-round?  2nd Signature: 2nd Signature: 2nd Signature: 2nd Signature: 3nd Signature |                   |                      |                       |                    |