

CAMPAIGN REPORT

United Way of Santa Cruz County

	FINAL REPORT	DATE:/ MONTH/YEAR		
COMPANY/ORGANIZATION			EMPLOYEE CAMPAIGN MANA	AGER
ADDRESS		CITY		IP CODE
EMAIL ADDRESS			TELEPHONE NUMBER	
PREPARER'S NAME			ER	
PAYMENT INFORMATION • Date you began withholdings for the Payroll Deduction Pledges: • How will your company remit Payroll Deduction?: (Please check one) • Number of pay periods in 1 year:				
IN ORDER TO DETER	MINE AWARD STA	ATUS, PLEASE CON	MPLETE <i>ALL</i> INFORMA	TION BELOW. THANK YOU.
TOTAL NUMBER OF PLEDGE FORMS I	ENCLOSED:	Total Nu	MBER OF EMPLOYEES AT TIME OF	CAMPAIGN:
			TOTAL CONTRIBUTION	N NUMBER OF DONORS
	Employe	e Payroll Deductions	\$	
		01 1 0 1 11 11		
Cash Contributions			\$	
		Check Contributions Cash Contributions	\$	
Special Events	Credi	Cash Contributions t Card Contributions	\$	
Special Events	Credit	Cash Contributions	\$	
	Credit Fundraising (bake s	Cash Contributions t Card Contributions sale, jeans day, etc.)	\$	
	Credit Fundraising (bake s TOTA ORATE GIFT (Enclose	Cash Contributions t Card Contributions sale, jeans day, etc.) L EMPLOYEE GIVING	\$ \$	
CORPO	Credit Fundraising (bake s TOTA ORATE GIFT (Enclose	Cash Contributions t Card Contributions sale, jeans day, etc.) L EMPLOYEE GIVING signed pledge card) ENVELOPE TOTAL	\$ \$ \$	YOUR GENEROSITY!