



United Way of Santa Cruz County

CAMPAIGN REPORT

PARTIAL REPORT FINAL REPORT DATE: /
MONTH/YEAR

COMPANY/ORGANIZATION EMPLOYEE CAMPAIGN MANAGER

ADDRESS CITY ZIP CODE

EMAIL ADDRESS TELEPHONE NUMBER

PREPARER'S NAME PREPARER'S TELEPHONE NUMBER

PAYMENT INFORMATION

- Date you began withholdings for the Payroll Deduction Pledges: /
MONTH/YEAR
- Number of pay periods in 1 year:
- How will your company remit Payroll Deduction?: MONTHLY QUARTERLY
(Please check one)

IN ORDER TO DETERMINE AWARD STATUS, PLEASE COMPLETE ALL INFORMATION BELOW. THANK YOU.

TOTAL NUMBER OF PLEDGE FORMS ENCLOSED: TOTAL NUMBER OF EMPLOYEES AT TIME OF CAMPAIGN:

	TOTAL CONTRIBUTION	NUMBER OF DONORS
Employee Payroll Deductions	\$ <input type="text"/>	<input type="text"/>
Check Contributions	\$ <input type="text"/>	<input type="text"/>
Cash Contributions	\$ <input type="text"/>	<input type="text"/>
Credit Card Contributions	\$ <input type="text"/>	<input type="text"/>
Special Events/Fundraising (bake sale, jeans day, etc.)	\$ <input type="text"/>	<input type="text"/>
TOTAL EMPLOYEE GIVING	<input type="text"/>	<input type="text"/>
CORPORATE GIFT (Enclose signed pledge card)	\$ <input type="text"/>	

ENVELOPE TOTAL

THANK YOU! FROM THE MANY PEOPLE WHO BENEFIT FROM YOUR GENEROSITY!

****For United Way Use Only:** BATCH #: ENVELOPE: