



United Way of the Piedmont

CAMPAIGN REPORT ENVELOPE

Partial Report Final Report

Campaign Year: _____

Audit: _____

Date: _____

Envelope: _____

Account #: _____

SECTION I

Company Name _____

Address _____

City, State, Zip _____

Name of Chief Executive Officer _____

SECTION II

Please print name of person filling out report _____

Signature _____

Title _____

Phone _____

SECTION III COUNT SUMMARY

# of Employees	
# of Donors	
# of Donor Choice Forms Enclosed	
# of Leadership Society Members (\$1,000)	
List of Leadership Society Members Enclosed	Y N
Amount Designated (Total Amount from Donor Choice Forms)	\$
# of Pay Periods per year	<input type="checkbox"/> 52 <input type="checkbox"/> 26 <input type="checkbox"/> 24 <input type="checkbox"/> 12

NOTES

SECTION IV SUMMARY OF GIFTS/PLEDGES

	# of Donors	Total	Cash/Checks Enclosed	UWP use only
A. Corporate Gift		\$	\$	
B. Fully-paid Gifts (cash & checks)		\$	\$	
C. Direct bill / stock / credit card pledges / bank draft		\$		
D. Payroll Deduction		\$		
E. Special Event Dollars; Event Type		\$	\$	
Totals (lines A+B+C+D+E)		\$	\$	

SECTION V PAYMENT INFORMATION

1. Date you will begin withholdings for the above Payroll Deduction Pledges _____ Month/Year

2. Payroll deduction withholdings will be paid to United Way Monthly Quarterly

*** In an effort to minimize costs, UWP assumes payroll deduction gifts will be automatically remitted. ***
If billing is required, please advise.

3. Corporate gift billing: No, will be remitted _____ Month/Year

Yes, Start Date _____ 1 time Monthly Quarterly Bi-Annual

Billing Address (if different from above) _____

4. Payables Contact Name _____ Phone: _____

SECTION VI FOR UNITED WAY USE ONLY

Total Contributions _____
 From Previous Reports _____
 Total Contributions + _____
 From This Report _____
 Total Contributions = _____
 To date _____

United Way of the Piedmont
 P.O. Box 5624
 Spartanburg, SC 29304
 864-582-7556
 www.uwpiedmont.org