



**United Way of Cayuga County**

Firm Name \_\_\_\_\_

Number of Employees Full Time \_\_\_\_\_

Number of Employees Part Time \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

Address \_\_\_\_\_

**PLEASE DO NOT INCLUDE RESULTS FROM ANY PREVIOUS REPORTS**

This is a:  Partial Report  Final Report

# 2017-2018 Campaign Report

**FOR UNITED WAY USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Helping Hands: \_\_\_\_\_ By: \_\_\_\_\_

Everett Society: \_\_\_\_\_ By: \_\_\_\_\_

Designations Done: \_\_\_\_\_ By: \_\_\_\_\_

**INSTRUCTIONS**

**PLEASE FILL OUT THE ENTIRE ENVELOPE**

**ECC fills out Designation Sheet and submits to United Way.**

Pledge Cards: United Way-White Copy  
Employer-Yellow Copy  
Employee-Pink Copy

**CORPORATE CONTRIBUTION**

**Corporate Contribution**

Contribution   
Enclosed

Bill: Annually   
Semi-Annually   
Quarterly

**PLEASE DO NOT INCLUDE CORPORATE GIFTS IN FIGURES BELOW**

**EMPLOYEE CONTRIBUTION**

Number of Contributions

Total Amount Contributed

Cash/Checks Received

**Contributors Fully Paid**

Cash and Checks Enclosed  
(Attach payments to pledge card which it applies to)

**Payroll Deduction**

Pledge Cards — United Way-White Copy  
Employer-Yellow Copy Employee-Pink Copy  
**ECC fills out Designation Sheet and submits with White Copy.**

**To be Billed by United Way**

(Enclose pledge card with home address)

**Credit Card Payment**

(Enclose pledge card with billing address)

**Total Employee Contribution**

ECC \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Tel. No. \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**United Way of Cayuga County**

17 E. Genesee Street, Suite 302, Auburn, New York 13021-4045  
(315) 253-9741 • Fax (315) 255-0119  
www.unitedwayofcayugacounty.org

*Thank You*