

United Way



United Way of Cayuga County

Please Fill Out Entire Envelope 2018-2019 CAMPAIGN REPORT

Firm Name: _____

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

Total Number of Employees: _____

Mailing Address: _____

CEO, Owner, or President: _____

INSTRUCTIONS

- Fill out entire envelope
- Fill out Designation Sheet
- Pledge Cards:
 - White - United Way
 - Yellow - Firm/Business
 - Pink - Employee/Donor

FOR UNITED WAY USE ONLY

Received: _____ By: _____

Step Up: _____ By: _____

Everett Society: _____ By: _____

Processed: _____ By: _____

PAYMENT INFORMATION

Date of first payment: _____ Number of Payments: _____

Frequency of payments (please circle):
Weekly Bi-Weekly Monthly Quarterly Other: _____

PLEASE DO NOT INCLUDE RESULTS FROM ANY OTHER REPORT

This is a: Partial Report Final Report

CORPORATE CONTRIBUTION

Corporate Contribution

Contribution Enclosed

Bill Firm: Annually
 Semi-Annually
 Quarterly

EMPLOYEE CONTRIBUTIONS - PLEASE DO NOT INCLUDE CORPORATE GIFTS IN FIGURES BELOW

Employee Contribution	Number of Contributions	Total Amount Contributed	Checks/Cash Received
Contributions Fully Paid Cash & Checks enclosed *Attach payments to pledge card			
Payroll Deduction Return completed Designation Sheet along with the White copy of employee pledge cards			
To be Billed by United Way Enclose pledge card with mailing/home address			
Credit Card Payment Enclose pledge card with billing address			
Total Employee Contribution			

EMPLOYEE CAMPAIGN COORDINATOR INFORMATION

Name: _____ Email: _____

Title: _____

Phone: _____ Date: _____ Signature: _____

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Thank You!