

United Way



**United Way
of Cayuga County**

Please Fill Out Entire Envelope 2019-20 CAMPAIGN REPORT

Firm Name: _____

Full-Time Employees: _____ Part-Time Employees: _____ Total: _____

Mailing Address: _____

President, Owner
CEO, or Other: _____

PAYMENT INFORMATION

Contact Name/Title: _____

Phone: _____ Email: _____

Date of first payment: _____ Number of payments: _____

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

Send a payment reminder to the contact listed above

FOR UNITED WAY USE ONLY

Received: _____ By: _____

Processed: _____ By: _____

TY Sent: _____ By: _____

INSTRUCTIONS

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

PLEASE DO NOT INCLUDE RESULTS FROM ANY OTHER REPORT : This is a: Partial Report Final Report

CORPORATE CONTRIBUTION OR MATCH

Corporate Contribution

OR

Corporate Match

PAYMENT INFORMATION

Contribution Enclosed Bill Firm: Annually
 Semi-Annually
 Quarterly

UNITED WAY RECOGNITION:

Allows public acknowledgement
(annual report, website, etc.)
If checked, list how gift should appear:

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

Enclose completed **white** pledge card

To be Billed by United Way

Enclose pledge card with mailing address

Credit Card Payment

Enclose pledge card with billing address

Total Employee Contribution

EMPLOYEE CAMPAIGN COORDINATOR INFORMATION

Name: _____ Email: _____

Title: _____

Phone: _____ Date: _____ Signature: _____