



**United Way
of Cayuga County**

Please Fill Out Entire Envelope 2024-25 CAMPAIGN REPORT

Firm Name: _____

Employees: FT: _____ PT: _____ Other: _____ 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 (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
- Include **all** completed pledge forms.
Ask employees to take a photo or make a copy for personal records.

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:

UNITED WAY RECOGNITION: **REMAIN ANONYMOUS**

Email Receipt (Circle): **Yes** **No** (If **yes**, list email address below)

If Gift should be recognized differently than Firm Name, list here: _____

Contribution Enclosed

Bill Firm: Semi-Annually

Annually

Quarterly

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

VIRTUAL PLATFORM USERS PLEASE NOTE:

If you are using our virtual platform (powered by GiveSmart), you will not have physical pledge forms for most of your colleagues, if any. We will send you a spreadsheet to complete this section.

Any physical pledge forms, checks, or cash that you receive, please include them in the envelope.

of Employee Contribution Amounts

of Pledges

Total Dollar Amount \$

Check/Cash Fully Paid

Payroll Deduction

To be Billed by United Way

Credit Card Payment

Total Employee Contribution

EMPLOYEE CAMPAIGN COORDINATOR INFORMATION

Name: _____

Email: _____

Title: _____

Phone: _____