

United Way



United Way of Cayuga County

Please Fill Out Entire Envelope 2020-21 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 (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: _____

Anonymous: _____ By: _____

INSTRUCTIONS

- Fill out **entire** envelope
- Include **all** completed pledge cards.
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:

Contribution Enclosed

Bill Firm: Semi-Annually

Annually

Quarterly

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: _____

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 MobileCause), 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.

Employee Contribution

Number of Contributions

Total Amount Contributed

Contributions Fully Paid

Cash & Checks enclosed

*Attach payments to pledge card

Payroll Deduction

Enclose completed 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: _____