

Partial Final

Envelope _____ of _____



UNITED WAY
Northwest Indiana

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EMPLOYEE CAMPAIGN SUMMARY REPORT

Include **only** employee and corporate pledges in this envelope.

Account # _____ Company _____

Address _____

Phone _____

Total # of employees at this location _____

Staff / Loaned Executive Name _____

Loaned Executive Signature _____

SECTION TO BE COMPLETED BY COMPANY REPRESENTATIVE

Corporate Pledge \$ _____

Complete only if corporate pledge is enclosed

To be billed: Quarterly Semi-Annually One time on _____

Corporate Check \$ _____

Complete only if corporate check is enclosed

EMPLOYEE PLEDGE SUMMARY

(See pledge descriptions on reverse side of envelope before completing this section.)

TYPE OF PLEDGE	# OF DONORS	AMOUNT	INITIALS
Cash	_____	_____	_____
Check	_____	_____	_____
Payroll Deduction	_____	_____	_____
EFT/Direct Bill	_____	_____	_____
Credit Card	_____	_____	_____
E-Pledge	_____	_____	_____
Total Pledges/Amount	_____	_____	_____

Bill for Employee Payroll Deductions

Monthly Quarterly Begin billing on _____

of Leadership Givers (\$1,000 or more) in this envelope _____

Billing Information (if different from above)

COMPANY REPRESENTATIVE

Name _____

Title _____

Email _____

Telephone _____

Signature _____

Date _____

UWNWI OFFICIAL USE ONLY DO NOT WRITE IN THIS SECTION

Corporate Pledge \$ _____

Corporate Check \$ _____

TYPE OF PLEDGE	# OF DONORS	AMOUNT	INITIALS
Cash	_____	_____	_____
Check	_____	_____	_____
Payroll Deduction	_____	_____	_____
EFT/Direct Bill	_____	_____	_____
Credit Card	_____	_____	_____
E-Pledge	_____	_____	_____
Other	_____	_____	_____

Envelope Total _____

Total Paid _____

Total Due _____

Reconciled by _____ Date _____

Verbal Entry by _____ Date _____

Scanned by _____ Date _____

Acknowledgment by _____ Date _____

Thank You by _____ Date _____

Pledge Form distribution: Original copy in pledge envelope,
first copy to your payroll department, Second copy to donor