

Campaign Report Envelope

If you need help completing this report, please
call us at **260.927.0995**

950 W. 15th Street (Physical Address)
PO Box 307 (Mailing Address)
Auburn IN 46706

www.unitedwaydekalb.org



1 Company _____

ADDRESS		PHONE	
PAYROLL STATEMENT ADDRESS (IF DIFFERENT)		EMAIL	
CEO		TOTAL # OF EMPLOYEES	FT PT
CAMPAIGN COORDINATOR		# OF PAY PERIODS PER YEAR	SALARY HOURLY OTHER

2 Type of Contribution (Enclose white pledge form copies)	Number of Donors	Total Amount Pledged	Payment Enclosed	Payment Due
A. Corporate Contribution				
B. Corporate Match				
C. Employee Cash & Checks				
D. Employee Direct Billing Gifts				
E. Employee Payroll Deductions				
F. Special Events				
G. GRAND TOTAL				

Signature of Company Representative _____ Date _____

Date Received in UW Office _____ UW Staff Signature _____

3 Campaign Information

TODAY'S DATE _____

FINAL REPORT? Yes _____ No _____

PERSON PREPARING THIS REPORT:

PHONE # _____

EMAIL _____

BILL COMPANY QUARTERLY?

Yes _____ No _____

DATE PAYROLL DEDUCTION WITHHOLDING
BEGINS: _____

PAYMENTS WILL BE SENT TO UNITED WAY:

- ☐ WEEKLY
☐ MONTHLY
☐ QUARTERLY

UNITED WAY OF DEKALB COUNTY

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