

For United Way Use

# CAMPAIGN REPORT ENVELOPE



**United Way  
of Greenville County**  
105 Edinburgh Court  
Greenville, SC 29607  
864.467.3333  
www.unitedwaygc.org

**SECTION I—COMPANY INFORMATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Chief Executive Officer \_\_\_\_\_

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Account Number/E \_\_\_\_\_

Account Number Sublocation \_\_\_\_\_

Structure Number \_\_\_\_\_

**SECTION II COUNT SUMMARY**

1. Number of Employees working in Greenville County \_\_\_\_\_

2. Number of Fair Share contributors \_\_\_\_\_  
(1% of salary or 1 hr. of pay/month)

3. Number of Palmetto Society Members \_\_\_\_\_  
(\$1,000 or more)

Palmetto Society Report Form Enclosed

Palmetto Society Pledge Cards Enclosed

4. Number of Donor Choice Designation Forms Enclosed \_\_\_\_\_

5. Amount Designated \$ \_\_\_\_\_  
(Total Amount from Donor Choice Designation Forms)

**SECTION III—REPORT STATUS**

Please report only amounts contained in this envelope.

Partial Report  Final Report

**SECTION IV THANK YOU COUPON CARD**

List emailed to [thankyou@unitedwaygc.org](mailto:thankyou@unitedwaygc.org)

**SECTION V CORPORATE GIFT**

Already turned in to United Way

Signed pledge card and/or check enclosed - (Complete line B in Section VI below)

Consider amount listed on line B in Section VI below as 2011 Corporate Pledge (confirming signature required)

\_\_\_\_\_

Confirming Signature

**SECTION VI SUMMARY OF GIFTS/PLEDGES**

A. EMPLOYEE:	# Donors	Total \$ Gift or Pledge	Total Cash/Checks Enclosed
1. Fully Paid Gifts (Cash & Checks)—Enclose Signed Pledge Cards			
2. Direct Bill Pledges (Includes Stock, Bill Me, and Credit Card Pledges) Enclose Signed Pledge Cards			
3. Payroll Deduction Pledges <i>(This information MUST be provided by company.)</i> Employer keeps Payroll Deduction Pledge Cards			N/A
4. Special Event/Fundraiser Dollars	N/A		
5. Employee Totals			
<b>B. CORPORATE:</b> Enclose Signed Pledge Card or sign above in Section V	N/A		
<b>C. GRAND TOTAL:</b>			

**SECTION VII PAYROLL PAYMENT INFORMATION**

1. Date you will begin withholdings for the above Payroll Deduction Pledges \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

2. Payroll deduction withholdings will be paid to United Way.  Monthly  Quarterly

3. Billing/Payroll Dept. Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

4. Billing Address (if different from above) \_\_\_\_\_

**SECTION VIII AUTHORIZATION**

\_\_\_\_\_

Please print name of person preparing report. Signature Phone Date

**SECTION IX EMPLOYEE CAMPAIGN AWARDS**

**AWARD CRITERIA:**

- 10% increase in employee giving
- \$100 or more employee per capita
- One or more Palmetto Society members (\$1,000+)
- 50% or more employee participation
- 50% of contributors are Fair Share contributors (1%+ of salary - salaried employees or 1 hour of pay per month - hourly employees)

**Chairman's Award:** Meet any four of the award criteria

**Campaign Award of Excellence:** Meet any two of the award criteria

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Received	Audited
Initials _____ Date _____	Initials _____ Date _____