

CAMPAIGN REPORT ENVELOPE



Section 1-Company Information _____ Company Name _____ Address _____ City, State, Zip _____ Name of Chief Executive Officer	Section 2-Count Summary 1. Number of Employees working in Greenville County _____ 2. Number of \$250+ contributors _____
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Section 3-Summary of Gifts/Pledges	# Donors	Total \$ Gift or Pledge	Total \$ Cash/Checks Enclosed
A. Employee:			
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 (This information MUST be provided by company.)			N/A
4. Special Event/Fundraiser Dollars	N/A		
5. Employee Totals			
B. Corporate Gift:	N/A		
C. Grand Total:			

DON'T FORGET!

<input type="checkbox"/> Create an excel spreadsheet of all donor pledges and details, and send to accounting@unitedwaygc.org <input type="checkbox"/> Attach any cash or checks to respective pledge cards and include in envelope <input type="checkbox"/> Make copies of pledge cards for your payroll records	<input type="checkbox"/> Include the Palmetto Society (PS) report form and any PS pledge cards <input type="checkbox"/> Send \$250+ contributor names to thankyou@unitedwaygc.org
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Section 4-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 5-Authorization

 Please print name of person preparing report. Signature Phone

Section 6-Employee Campaign Awards Criteria

<ul style="list-style-type: none"> • 10% increase in employee giving • \$100 or more employee per capita • One or more Palmetto Society members (\$1,000+) • 50% or more employee participation 	<ul style="list-style-type: none"> • One of the top 25 largest employee campaigns • 50% or more of donors give at a Community Builder level or above (\$250 and up)
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Chairman's Award: Meet any FOUR of the award criteria **Excellence Award:** Meet any TWO of the award criteria **Advancement Award:** 25% increase in dollars or participation

FOR UNITED WAY USE ONLY
 Account Number _____

Received	
Initials	Date
Audited	
Initials	Date