

ELECTRONIC WORKPLACE CAMPAIGN PAYMENTS ENVELOPE



United Way
of Greenville County

Company Information

Company Name _____

Address _____

City, State, Zip _____

Name of Chief Executive Officer _____

In order to properly thank our donors, we need to ensure all payments in this envelope have been properly matched to an employee at your company through the Workplace Giving Portal.

Before submitting this envelope to United Way, please be sure you have:

1. Ensured EACH PAYMENT matches PLEDGES that are recorded in your company's electronic campaign portal
2. Completed and enclosed your "CASH AND CHECKS PAYMENTS FORM"

DONORS

TOTAL AMOUNT \$

CASH ENCLOSED:		
CHECKS ENCLOSED:		
TOTAL ENCLOSED:		

PERSON PREPARING REPORT: (PLEASE PRINT)	
SIGNATURE:	
DATE:	

FOR UNITED WAY USE ONLY

Account Number _____

Received	

Initials

Date

Audited	

Initials

Date