

CAMPAIGN REPORT 2017

United Way
of Delaware County



United Way of Delaware County • **Mailing:** P.O. Box 319, Delaware, OH 43015 • **Location:** 8999 Gemini Parkway, Ste. 100, Columbus, OH 43240
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COMPANY INFORMATION		
ACCOUNT NAME: _____		
ADDRESS: _____		
CITY, STATE, ZIP: _____		
PREPARER'S NAME: _____	TITLE _____	PHONE _____
PAYROLL BILLING ADDRESS, IF DIFFERENT FROM ABOVE: _____		
PAYROLL/ACCOUNTING BILLING PREFERENCE: <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER _____		
TOTAL NUMBER OF EMPLOYEES IN YOUR ORGANIZATION: _____ NUMBER OF PAY PERIODS: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> OTHER/MIXED _____		
ARE ALL PLEDGE CARD COPIES ENCLOSED? (FORWARD COPIES TO PAYROLL.) <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ALL CHECKS AND CASH ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

CONTRIBUTIONS — PLEASE DO NOT INCLUDE AMOUNTS REPORTED ON PREVIOUS ENVELOPES

TYPE OF CONTRIBUTION	NUMBER OF DONORS ENCLOSED	TOTAL DOLLARS PLEDGED	TOTAL PAYMENT ENCLOSED	COMMENTS
A. CASH				Cash, checks and direct bill documentation must be included in the envelope.
B. CHECK				Total Dollars Pledged: Include pledges from enclosed pledge cards only in envelope.
C. CREDIT CARDS (MASTER CARD, VISA, AM EX)				Total Payment Enclosed: Include payment for pledges in this envelope.
D. DIRECT BILL - \$50 MINIMUM				
E. PAYROLL DEDUCTION GIFTS				Please enclose pledge cards in the envelope or list donor names and pledge amounts.
SUBTOTAL				
F. CORPORATE GIFT				
G. FUNDRAISING DOLLARS (from special events)				Include the Fundraiser Envelope inside the Campaign Report Envelope.
TOTAL				

AUTHORIZATION: The information on the face of this envelope is correct to the best of my knowledge. I have verified the payroll gifts. Therefore, United Way is authorized to issue statements in these amounts.

Workplace Coordinator's Signature _____ Title: _____

Corporate Signature (required for corporate gift) _____ Title: _____

Billing instructions for corporate gift: Quarterly Other _____

FOR UNITED WAY USE ONLY

ACCOUNT # _____	TOTAL DOLLARS _____	DATE CLOSED: _____
DATE RECEIVED _____	ENCLOSED _____	ENTERED BY: _____
ENVELOPE # _____	DEPOSIT DATE _____	VERIFIED BY: _____