

20 _____ Report Envelope



329 N. Cameron Street, Suite 201
Winchester, VA 22601 (540) 536-1610

Account # _____

Company Name: _____

Address: _____

Employee Campaign Manager: _____

Phone # _____ Email _____

CEO Name: _____

Current # of Employees _____

Number of Pay Periods _____

IMPORTANT: ONLY SHOW PLEDGES REPORTED IN THIS ENVELOPE.

Number of Givers	Method of Contributions	Pledge Amount	Amount Paid	Balance Remaining
	Corporate Gift			
	a. Cash			
	b. Check			
	c. Credit Card		ONLINE ONLY	DONORS GO TO WEBSITE AT UNITEDWAYNSV.ORG
	d. Direct Bill			
	Subtotal(a+b+c+d)			
	Payroll Deduction			
	Special Events			
	Grand Total			

For United Way Use Only:

Envelope # _____

Date Received: _____

Env. Proved By: _____ Date: _____

Finance Proved By: _____ Date: _____

Entered in Andar By: _____ Date: _____

Designations Entered By: _____ Date: _____

Signature of person completing envelope, or signature of local officer if employee cards must be kept at a corporate office. *Bonafide pledges have been made by company employees as noted above. These pledges are unconditional. The corporate payment schedule is anticipated to be monthly, quarterly, or other _____.*

Signature _____ Title _____ Date _____

