



Campaign Report Envelope

United Way of Douglas & Pope Counties

115 3rd Ave W, PO Box 1148
 Alexandria MN 56308 (320) 763-4840
 unitedw@rea-alp.com

UW Office Only

Initials _____

DT _____

QB _____

DB _____

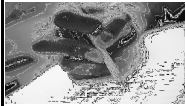

Date _____

Company Name _____

Phone _____

Signature of Person Completing this Packet _____

Thank You

| | A | B | C |
|--------------------------|---|--------------------|---|
| Envelope _____ of _____ | # of givers | Total of all gifts | Total Paid Now |
| Corporate Pledge |  | | |
| Payroll Deductions | | | |
| Cash/Check Contributions | | |  |
| Bill Directs | | | |
| Leadership In Giving | | | |
| Special Events | | | |
| Totals | | | |

Column A Column B = Column C

IMPORTANT

Total Number of employees at this organization _____

We will begin deductions from this campaign on _____

Pay periods are:

52 (weekly)

26 (bi-weekly)

24 (semi-monthly)



Before you seal this envelope, have you...

- Checked each pledge card for accuracy and completeness?
- Enclosed cash/check and pledge card for each paid pledge?
- Enclosed a yellow copy of each pledge card?
- Retained white copies of all payroll deduction cards to be forwarded to your payroll office?