



United Way  
of Southeast Mississippi

# Campaign Report Envelope

## Company Information

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ President/CEO: \_\_\_\_\_

Co. Campaign Coordinator: \_\_\_\_\_

Coordinator's Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Corporate Gift Summary

	Number of Donors	Dollar Amt. Pledged	Paid Now (Enclosed)
Enter amount of corporate gift.	X	\$	\$

### Employee Gift Summary

<b>Fully Paid Cash and Checks</b> Enter totals for all employees who contributed by cash or check now. (Pledge and payment amounts should be equal.)		\$	\$
<b>Direct Bills</b> Enter totals for all employees who wish to be reminded by United Way.		\$	X
<b>Payroll Deduction</b> Enter totals for all employees who gave through payroll deduction.		\$	X
<b>Special Events/Other</b> Enter total raised by employees through fund-raisers or special events.	X	X	\$
<b>Employee Totals</b> Total of all employee contributions. (1+2+3+4)		\$	\$
<b>ENVELOPE GRAND TOTAL</b> Total of corporate <u>and</u> employee contributions.		\$	\$

# GIVE. ADVOCATE. VOLUNTEER.

# Grand Givers Information

Please list your company's individual donors who give \$1,000 or more annually and the total amount pledged. (Also include in employee gift summary. Spouses or partners at different workplaces may combine their gifts.)

Name	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____