



UNITED WAY
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: _____

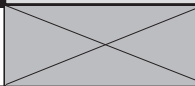
Corporate Gift Summary

Number of Donors

Dollar Amt. Pledged

Paid Now (Enclosed)

Enter amount of corporate gift.



\$

\$

Employee Gift Summary

Fully Paid Cash and Checks

Enter totals for all employees who contributed by cash or check now.
(Pledge and payment amounts should be equal.)

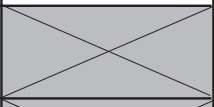
\$

\$

Direct Bills

Enter totals for all employees who wish to be reminded by United Way.

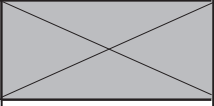
\$



Payroll Deduction

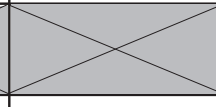
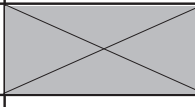
Enter totals for all employees who gave through payroll deduction.

\$



Special Events/Other

Enter total raised by employees through fund-raisers or special events.



\$

Employee Totals

Total of all employee contributions. (1+2+3+4)

\$

\$

ENVELOPE GRAND TOTAL

Total of corporate and employee contributions.

\$

\$

UNITED IS THE WAY

Grand Givers Information

Please list your company's individual donors who give \$1,000 or more annually and the total amount pledged.

Name

Amount

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