



PO Box 248919  
 Oklahoma City, OK 73124  
 Phone: (405) 236-8441  
 UnitedWayOKC.org

# Campaign Report

WHITE COPY = UNITED WAY

UNITED WAY USE ONLY	
Envelope #	_____
Staff Initials: _____	Date: _____
Staff Initials: _____	Date: _____
Auditor 1: _____	Auditor 2: _____
Approved by: _____	Approved by: _____

TOTAL NUMBER OF EMPLOYEES AT COMPANY: \_\_\_\_\_

**1** Payroll Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Payroll billing address (if different from mailing address): \_\_\_\_\_

Date that payroll deductions begin: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

How many pay periods in your year:  12  24  26  52

Billing statements will be sent monthly unless checked:  Quarterly  Other: \_\_\_\_\_

**2 Employee Pledge Only**

This is the FINAL report  This is a PARTIAL report

	# of Donors	Total Contributions	Amount Enclosed (must be completed)
Payroll Deductions ..... (retain white copy of pledge card for payroll)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Paid Contributions ..... (cash and check)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money from Special Events ..... ("kiss the pig," casual day, etc.)		\$ <input type="text"/>	\$ <input type="text"/>
Pledges to be Billed and/or Credit Card & Stock Pledges ..... (considered unpaid until processing is complete)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
TOTAL ..... (do not include any previous report totals)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

	Pledged	Payment Enclosed	Balance Due
<b>3 Corporate Pledge Only</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
We match our employees' contribution: <input type="checkbox"/> Dollar per Dollar <input type="checkbox"/> .50 per Dollar Other: _____			
Comments: _____			
Corporate Pledge Contact Name: _____ Email: _____ Phone: _____			

**4** Preparer's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's Email: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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