

WORKPLACE CAMPAIGN REPORTING FORM

United Way
of Logan County



Please fill out this form completely. It is important for audit purposes and for the efficiency of the campaign. Upon completion of the campaign, attach copies of all completed pledge forms and all gifts of cash and checks. Return this form and any unused campaign materials to the United Way office or call us for pickup. Thank you so much for helping to coordinate this project. Know that your efforts are going a long way toward improving lives here in Logan County!

www.uwlogan.org
130 S. Main St. Suite 130
Bellefontaine, OH 43311
(937) 592-2886

Business Name: _____ Number of Employees: _____

Address: _____ Donors: _____

City & Zip: _____ Telephone: _____

Campaign Coordinator: _____ E-Mail: _____

**** PLEASE MAKE SURE THAT A COPY OF ALL PLEDGE FORMS IS ALSO SUBMITTED TO YOUR PAYROLL DEPARTMENT SO THEY CAN PROCESS THE DEDUCTIONS.** Date: ____/____/____

Donation Method	Number of Pledges	Total Amount Pledged	Total Amount Enclosed	Balance to be Paid
Payroll Deductions (Paper)			_____	
Payroll Deductions (Online)			_____	
One-Time Cash donations				
One-Time Check donations				
Credit Card donations				
Campaign Fundraisers	_____			
Corporate Gift				
Grand Total				

PAYROLL DEDUCTION START DATE FOR THESE PLEDGES: ____/____/____

HOW WILL YOU PAYOUT YOUR BALANCE?:

- ____ We automatically pay UW bi-weekly
- ____ We automatically pay UW monthly
- ____ We automatically pay UW quarterly
- ____ UW should bill us quarterly
- ____ Other _____

Does your company allow new hires to enroll in payroll deduction for United Way year-round?

____ Yes ____ No

Authorized Signature: _____

2nd Signature: _____