# WORKPLACE CAMPAIGN REPORTING FORM

UNITED WAY
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**
653 S. Main St.
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: _____**

**Date: ____/____/____**