United Way
of Whatcom County

Report Date: _____

Campaign Report Sheet

To be completed by Company Coordinator and Campaign Exec.

Include all original Pledge Forms in this summary and complete each section below.

Address Information

Company Name: _____

Mailing Address: _____

City, State Zip: _____

Billing Address (if different): _____

City, State Zip: _____

General Information (if info is the same as last year please put SAME)

Local CEO _____ Phone _____ Email _____

Payroll Contact _____ Phone _____ Email _____

HR Contact _____ Phone _____ Email _____

ECC _____ Phone _____ Email _____

Number of Employees: _____			**Number of Pay Periods** Per Year: ____	
Gift Type	**Number of Donors (Pledge Forms)**	**Total $ Amount Pledged**	**Total $ Amount Paid (enclosed)**	**Balance Due**
Payroll Deduction Pledges		$		$
Cash/Check		$	$	
Credit Card		$		$
Bill Me		$		$
Recurring Bill Me		$		
Recurring Credit Card		$		
Employee Giving Total		$	$	$
Corporate Gift		$	$	$
Corporate Match		$	$	$
Special Event TYPE:		$	$	$
Employee & Corp Grand Total		$	$	$

Corporate Billing: *(Select one)* Monthly Quarterly One Time

Cash & Check totals verified by company: **Initial** _____	Cash & Check Totals verified by UW Rep: **Initial** _____

United Way Rep. Name: _____
Please Print *Signature* *Date*

Company Rep. Name: _____
Please Print *Signature* *Date*

Received by UWWC Staff: _____
Signature *Date*

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