



Report Date: _____

Campaign Report Sheet

To be completed by Company Coordinator and Campaign Exec.

Include all original Pledge Forms ALPHABETICALLY and any Corporate Pledge Forms in this summary

Address Information

Company Name: _____

Mailing Address: _____

City, State Zip: _____

Billing Address (if different): _____

City, State Zip: _____

General Information

Local CEO _____ Phone _____ Email _____

PayrollContact _____ Phone _____ Email _____

HRContact _____ Phone _____ Email _____

ECC _____ Phone _____ Email _____

Number of Employees	Number of Pay Periods	This Report Is:
Full Time _____ Part Time _____ Total _____	Per Year _____	Partial ____ Final ____

Please complete each section below as it applies to your employee/corporate UWIC pledges.
If you have any questions regarding the completion of this envelope, please call (360)675-1778.

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		\$		\$
Employee Giving Total		\$	\$	\$
Corporate Gift		\$	\$	\$
Payroll matching Yes__ No__		\$	\$	\$
Special Event		\$	\$	\$
Grand Total		\$	\$	\$

Corporate Billing: (Select one) Monthly Quarterly One Time
Payroll Deduction remittance: (Select one) Monthly Quarterly

Cash & Check totals verified by company Yes ___ No ___	Cash & Check Totals verified by UW Rep: Yes ___ No ___
--	--

Campaign Exec. Name: _____
Please Print *Signature* *Date*

Company Representative: _____
Name, Title *Signature* *Date*

Received by UWWC Staff: _____
Please Print *Date*