

# CAMPAIGN REPORT ENVELOPE



**United Way of Greater Cleveland**

1331 Euclid Ave. • Cleveland, OH 44115  
216-436-2100 • uws.org

FOR UNITED WAY USE ONLY	
FR ID	
STR CODE	
BID #	ENV. NO.
BATCH NO.	

Fill in your name. Be sure to include your phone number and e-mail address in the event that we need to contact you.

Fill in your company name and address or update information on the label.

<b>PLEASE PRINT</b>	NAME OF INDIVIDUAL PREPARING ENVELOPE	COMPANY NAME (please print exactly as it should appear in any recognition publication)	
	PREPARER'S DAYTIME PHONE	ADDRESS	
	PREPARER'S E-MAIL ADDRESS	CITY	
	DATE PREPARED	STATE	ZIP
	<input type="radio"/> I am the Employee Campaign Manager	<b>AFFIX LABEL HERE</b>	
	<input type="radio"/> I am not the Employee Campaign Manager		

Please sign the envelope to authorize contents.

If the envelope contains Humanitarian gifts, Philanthropist gifts or Retiree gifts, please check the appropriate box.

- Fill in:
- Payroll** - Number of donors (x), total pledged (y).
  - Paid in Full** - Number of donors (x), total pledged (y), total cash/checks that are enclosed (z).
  - Bill Direct** - Number of donors (x), total pledged (y), any amount paid (z).
  - Credit Cards** - Number of donors (x), total pledged (y), total paid (normally equals total pledged).
- These totals should reflect only what is included in this envelope.**

**1 AUTHORIZATION (REQUIRED)** Information provided is accurate to the best of my knowledge. I have verified the pledges, and United Way is authorized to issue statements in these amounts.

Corporate Representative: X SIGNATURE TITLE

**2 This envelope contains:**  Humanitarian gifts (Individual gifts of \$1,000+)  Philanthropist gifts (Individual gifts of \$10,000+)  Retiree gifts No. of retiree donors: \_\_\_\_\_ Retiree amt: \$ \_\_\_\_\_

Fill in the total number of employees your company has in Cuyahoga County.

<b>3 A</b>	<b>TOTAL EMPLOYMENT</b>	Number of Local Employees: _____	Complete billing information below			
<b>B</b>	<b>EMPLOYEE GIVING</b>	IRS law regarding charitable contributions (see reverse)	# OF DONORS per payment method:	TOTAL CONTRIBUTION	CASH / CHECKS / CREDIT CARD CHARGES ENCLOSED	
<b>Thank you for investing in what matters</b>		<b>1. Payroll Deduction Pledges</b> <i>Retain your copy. Please remit as deducted.</i>	(x)	\$ (y)		
		<b>2. Paid in Full Employee Gifts</b> <i>Gifts of cash or check. Checks payable to United Way.</i>	(x)	\$ (y)	\$ (z)	
		<b>3. Bill Direct Pledges</b> (include stocks/securities) <i>Enclose a signed pledge card for each pledge.</i>	(x)	\$ (y)		(z)
		<b>4. Gifts Charged to Credit Cards</b> <i>Please complete all columns to the right.</i>	(x)	\$ (y)	\$	(z)
<b>C</b>	<b>EMPLOYEE GIVING SUBTOTAL (summarize section B)</b>		\$	\$		
<b>D</b>	<b>SPECIAL EVENT(S)</b> <i>Enclose payment. Convert coin to check; do not roll coins.</i>	TYPE OF EVENT(S): _____	\$	\$		
<b>E</b>	<input type="checkbox"/> CORPORATE GIFT <i>Enclose signed pledge card.</i>	<input type="checkbox"/> CORPORATE MATCH _____ % <i>Enclose signed pledge card.</i>	\$	\$		
<b>F</b>	<b>ENVELOPE TOTAL (C + D + E)</b>		\$	\$		

If the envelope contains a corporate, partnership or student gift, record it here. If you wish to be billed, please make sure to include a pledge card signed by an authorized representative of your company.

If the envelope includes monies from special events, write the totals in this section. **Payments must be enclosed.**

**4 MAIL BILLING STATEMENTS TO:**

CORPORATE GIFT			EMPLOYEE PAYROLL DEDUCTION PLEDGES (Please remit as deducted)		
NAME			NAME		
TITLE		PHONE	TITLE		PHONE
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

Total sections C, D and E. The numbers in row F should reflect the total pledges and payments included in this envelope. **Please double-check your math!**

Let us know where to send billing statements for your corporate gift if the payment is not enclosed.

Let us know where to send billing statements for your payroll gifts.

FOR UNITED WAY USE ONLY		# OF DONORS	TOTAL CONTRIBUTION	CASH / CHECKS / CREDIT CARDS
Audited by: _____ DATE _____	PAYROLL DEDUCTION		\$	\$
Entered by: _____ DATE _____	BILL DIRECT / PIF		\$	\$
Verified by: _____ DATE _____	CREDIT CARD		\$	\$
	SPECIAL EVENT		\$	\$
	CORPORATE		\$	\$
	<b>TOTAL</b>		\$	\$

Please call (216) 436-2192 for pick-up and (216) 436-2145 with questions about completing this envelope.

**If you have a question regarding completion of this envelope, please contact Jane Borgmann at 216.436.2145 or jborgmann@uws.org. Employee checks must be forwarded to United Way at least monthly!**