

CAMPAIGN REPORT ENVELOPE



United Way of Greater Cleveland

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

PLEASE PRINT	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 EMAIL ADDRESS	CITY
	DATE PREPARED	STATE
	<input type="radio"/> I am the Employee Campaign Manager	ZIP
	<input type="radio"/> I am not the Employee Campaign Manager	

Please sign the envelope to authorize contents.

- 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.**

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

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: [Signature] 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.

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

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.**

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

4 MAIL BILLING STATEMENTS TO:

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

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	\$	\$
		TOTAL	\$	\$

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

Please call (216) 436-2196 for pick-up and (216) 436-2145 with questions about completing this envelope.

If you have questions regarding completion of this envelope, please contact your United Way representative.

Employee checks must be forwarded to United Way at least monthly.