|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **United Way of Central Texas**  **Campaign Report Envelope**  4 N 3rd St | P.O. Box 1312 | Temple, TX 76503  254-778-8616 | www.UWCT.org  Firm Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_  Employee Campaign Coordinator (ECC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECC Phone\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_  This is a Partial Report Final Report (campaign complete)  *Please do not include results from any previous report*  Payroll deductions begin in January? Yes No If not, when?\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of Payroll Periods\_\_\_\_\_\_\_\_\_\_  Payroll deduction funds will be sent to United Way office:  Monthly Quarterly Weekly   * **Please be sure** this report reflects only Pledge Authorizations and Payments **enclosed** in this envelope. Check the Partial Report box if additional reports are to be made.   Total Number of Donors\_\_\_\_\_\_\_\_\_\_  Total Number of Employees\_\_\_\_\_\_\_  **REQUIREDD**   * Complete summary of this report on Lines 1 through 6.  |  |  |  |  | | --- | --- | --- | --- | | Line No. |  | Number of Gifts | Total Amount Given | | **1** | **Payroll Deductions**  (Enclose employee listing sheet. Individual payroll cards must be retained by the payroll department.) |  |  | | **2** | **Direct Billing**  (Enclose individual cards and listing sheet. Signatures and addresses are required.) |  |  | | **3** | **Fully Paid Gifts**  (Enclose cash, checks, all cards, and listing sheet. Signatures are required.) |  |  | | **4** | **Total Employee Gifts**  (Sum of Lines 1, 2, & 3) |  |  | | **5** | **Corporate Gift**  (Enclose card. Signature required.) |  |  | | **6** | **Grand Total All Gifts**  (Sum of Lines 4 & 5) |  |  | |