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|  **United Way of Central Texas****Campaign Report Envelope**4 N 3rd St | P.O. Box 1312 | Temple, TX 76503254-778-8616 | www.UWCT.orgFirm 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.

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| --- | --- | --- | --- |
| 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) |  |  |

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