

Report Date: \_\_\_\_\_

## Campaign Report Sheet

*To be completed by Company Coordinator and Campaign Exec.*

*Include all original Pledge Forms in order of Gift Type, 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 (if info is the same as last year please put SAME)

Local CEO \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Payroll Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

HR Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

ECC \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>Number of Employees:</b> _	<b>Number of Pay Periods</b> Per Year: _____
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Please complete each section below as it applies to your employee/corporate UWWC pledges.  
If you have any questions regarding the completion of this form, please call 360-733-8670.

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		\$	\$	\$
<b>Employee Giving Total</b>		\$	\$	\$

Corporate Gift		\$	\$	\$
Payroll matching		\$	\$	\$
Special Event TYPE: _____		\$	\$	\$
<b>Employee &amp; Corp Grand Total</b>		\$	\$	\$

**Corporate Billing:** (Select one)                      Monthly                      Quarterly                      One Time

Cash & Check totals verified by company: <b>Initial</b> _____	Cash & Check Totals verified by UW Rep: <b>Initial</b> _____
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**Campaign Exec. Name:** \_\_\_\_\_  
*Please Print*
*Signature*
*Date*

**Company Rep. Name:** \_\_\_\_\_  
*Please Print*
*Signature*
*Date*

**Received by UWWC Staff:** \_\_\_\_\_  
*Signature*
*Date*