

Campaign Report Envelope

This report is :

Partial Final

If a partial report has been made, the final report should only reflect new figures



United Way of Lancaster County, Inc.

Company Name: _____

Address: _____

Number of Employees: _____

Full Time: _____ Part Time _____ Total _____

Employee Coordinator: _____

Email: _____

Phone: _____ Fax: _____

- Pledge forms must be included with all contributions including cash. Copy of forms must be sent to your payroll department.
- Enclose all cash and checks. Do not separate cash or checks from pledge forms.

 Company Authorized Signature Date

 Please Print Name

 UWLC Representative Signature Date

Type of Contribution	Number of Donors	Amount	Amount Paid	Balance Due
Employee Donations and Pledges:				
1. Payroll Deduction				
2. Direct Bill Enclose pledges to be billed by United Way (must include billing address)				
3. Credit Card Ensure credit card information is complete and pledge form is signed				
4. Fully Paid Checks Do not separate checks from pledge forms				
5. Fully Paid Cash Do not separate cash from pledge forms				
6. Employee Totals Add rows 1+2+3+4+5; enter totals on this row				
7. Corporate Contribution <input type="checkbox"/> Full Payment Enclosed <input type="checkbox"/> Please Bill <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ <input type="checkbox"/> Pledge will be paid on _____ (date)				
8. Special Events				
Grand Totals Add rows 6+7+8; Enter totals on this row				

Do not Mail

Please seal and return envelope to United Way of Lancaster County, 109 S. Wylie Street, Lancaster, SC 29720
 For pick-up or assistance, call 803.283.8923 or email liveunited@uwaylccsc.org