CAMPAIGN REPORT ENVELOPE

Company Name _____

Address _____

City, State, Zip _____

United Way Workplace Volunteer

Name _____

Email _____

Phone _____

PRIOR YEAR'S CAMPAIGN:

Company $_____

Employee $_____

Special Event $_____

Total $_____

Please contact Marshfield Area United Way upon completion of your campaign if you would like someone to pick up your envelope.

-OR-

Drop envelope off at: United Way Office
612 W. Blodgett Street, Marshfield, WI 54449

CURRENT CAMPAIGN

The IRS requires United Way to have pledge cards or a summary. Please enclose in envelope and complete information below.

Type of Contribution	Number of Donors	Total Amount Pledged	Payment Enclosed
A. Employee Cash & Checks			
B. Employee Payroll Deductions			
C. Employee Bill Me			
D. Employee Credit Cards			
E. Special Events			
F. Corporate Pledge			
Grand Total			

* Totals reported should only reflect payments and pledges in this envelope. Please do not include previously submitted totals.

Company Representative Signature _____

UNITED WAY USE ONLY VERIFIED BY & DATE: _____ ENTERED BY & DATE: _____

Marshfield Area UNITED WAY

612 W. Blodgett Street
PO Box 771
Marshfield, WI 54449
715-507-5005
marshfieldareaunitedway.org
info@marshfieldareaunitedway.org