

Summary Report 2017-2018

Organization Name: _____

This report is: Final Partial Additional (report only the amount in this envelope)

	Number of Contributors	Pledge Amount	Payment Amount Enclosed	Balance Due
PAYROLL DEDUCTIONS <small>(be sure your payroll department has a copy)</small>				
CASH/CHECK				
CREDIT CARD/ACH				
BILLED AT HOME				
ACTIVITIES/EVENTS				
TOTALS				

Would you like us to send reminders for payroll deduction?

_____ Yes How often? ___ Monthly ___ Quarterly

Address & Attention to send reminder if different from below:

Did you remember to:

- Include copies of **ALL** pledge cards (and keep one of each for your records)
- Be sure checks are made payable to: United Way of Franklin County
- Include Corporate Pledge Card
- Keep a copy of this form for your records

Name of Employee Campaign Coordinator: _____

Phone Number: _____ Email: _____

Address: _____