

# Campaign Summary Envelope

United Way  
of Franklin County



Campaign Year: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_  
Envelope #: \_\_\_\_\_ Relationship Manager: \_\_\_\_\_

Please include number of employees. # FT/ # PT

Organization Name \_\_\_\_\_ Total Number of Employees \_\_\_\_\_

Contact Name, Phone Number, and Email \_\_\_\_\_

Company Street Address \_\_\_\_\_

Company Billing: Address, Name, Phone Number, and Email

Billing Information:  Monthly  Quarterly  Do not bill  Other

Please be sure to note the frequency for your billing reminders.

## Summary of Contributions

|   | No. of Donors | Total Gift Amount | Payment Enclosed |
|---|---------------|-------------------|------------------|
| Corporate Contribution                        |               |                   |                  |
| Employee/Individuals Fully Paid (Cash/Checks) |               |                   |                  |
| Credit Cards                                  |               |                   |                  |
| Employee/Individuals To Be Billed             |               |                   |                  |
| Employee Payroll                              |               |                   |                  |
| Special Events                                |               |                   |                  |
| <b>ENVELOPE TOTALS</b>                        |               |                   |                  |

## Summary of Recognition

|  |                 |                      |
|--|-----------------|----------------------|
| <input type="checkbox"/> <b>Community Care Club</b> (Individuals donating undesignated)                      | No. of Members: |                      |
| <input type="checkbox"/> <b>Designations</b> (Minimum contribution for designation: \$75)                    | No. of Donors:  | Total Designations:  |
| <input type="checkbox"/> <b>UWFC Leadership Club</b> (Minimum contribution of \$500)                         | No. of Donors:  | Total Contributions: |
| <input type="checkbox"/> <b>Fast Track</b> (Donors pledging to increase to Leadership within 3 years)        | No. of Donors:  |                      |
| <input type="checkbox"/> <b>Volunteer Opportunities</b> (Individuals who would like to receive information.) |                 |                      |

Please check this box if a company rep. did not complete this envelope.

Signature of Person Completing Report \_\_\_\_\_

Date \_\_\_\_\_

### PLEASE NOTE:

Envelopes containing pledge forms with only payroll deductions may be mailed to United Way of Franklin County.

All envelopes containing cash or checks must be sealed. They can either be collected by UWFC staff or Campaign Cabinet, or hand-delivered to UWFC office by the ECC or other responsible company representative. All envelopes will be opened on receipt, with a count of cash and checks done in the presence of the company representative. **Unsealed envelopes and envelopes with**

**Corporate Contribution:** Monies given by the organization as a gift or match of employee donations.

**PLEASE TOTAL CASH AND CHECKS IN THIS ENVELOPE. THIS WILL BE COUNTED IN YOUR PRESENCE.**

**Credit Cards:** Please enter the total of donations made by Credit Card or Direct Debit/ACH.

**Special Events:** Monies collected at an organization as part of fundraising that is not part of the workplace campaign (i.e. chili cookoff).

**Community Care Club:** Total of all donors that did not specifically designate to another nonprofit.

**Designations:** Total of all donors, and amounts, that are specifically designated to another nonprofit.

**UWFC Leadership Club:** Donors who have made and annual pledge over \$500

**Fast Track:** Donors who have pledged to become Leadership Donors within the next three years.

**Volunteers:** Let us know how many employees are interested in upcoming volunteer opportunities.

**Please be sure to sign and date this form.**