

# Campaign Summary Envelope

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

**United Way  
of Franklin County**



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

### 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

### For UWFC Internal Use Only

#### Envelope Deposit Total

Bank Deposit \$ \_\_\_\_\_ Credit Card \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

	# Donors	Gift Amount	Payment Enclosed
Corporate			
Employees Fully Paid			
Employees to be billed			
Employee Payroll			
Special Event			
<b>ENVELOPE TOTAL</b>			

Community Care Club: \_\_\_\_\_ Leadership Giving: \_\_\_\_\_

Volunteer Requests: \_\_\_\_\_ # Designations: \_\_\_\_\_

Paid Direct: \$ \_\_\_\_\_ Electronic Transfer: \$ \_\_\_\_\_

Auditor: \_\_\_\_\_

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