CAMPAIGN REPORT FORM

FILL OUT COMPLETELY - PLEASE PRINT

United Way
United Way of Northeast Georgia

ORGANIZATION

STREET ADDRESS/ PO BOX

CITY STATE ZIP

TOTAL # OF EMPLOYEES

COORDINATOR'S NAME

COORDINATOR'S EMAIL ADDRESS

PLEASE CHECK ONE: ❑ PARTIAL REPORT ❑ FINAL REPORT

CONTRIBUTIONS	# OF DONORS	TOTAL CONTRIBUTION	AMOUNT ENCLOSED
1A. ONE-TIME CASH OR CHECK		$	$
1B. ONE-TIME CREDIT CARD		$	
2. EMPLOYEES TO BE BILLED BY UNITED WAY OF NORTHEAST GEORGIA		$	
3. EMPLOYEE PAYROLL DEDUCTIONS		$	
4. OTHER FUNDRAISING (special events, etc.) ENCLOSE ALL PROCEEDS.		$	$
TOTAL EMPLOYEE GIVING		$	$
CORPORATE GIFT Enclose signed pledge card or check.		$	$
ENVELOPE TOTAL		$	$

BILLING INSTRUCTIONS

SEND PAYROLL DEDUCTION PAYMENT REMINDER TO:

Name (Please print)

Title Phone

Address

City State Zip

SEND CORPORATE DONATION PAYMENT REMINDER TO:

Name (Please print)

Title Phone

Address

City State Zip

PAYMENT REMINDER FREQUENCY

❑ Monthly ❑ Quarterly ❑ Never - We will automatically send payments.
Do not send a bill.

Coordinator Signature/Date

2nd Signature/Date

LIVE UNITED™

Mailing Address:

1 Huntington Road
Suite 805
Athens, Georgia 30606