

United Way of Harvey and Marion Counties

Campaign Report Envelope

Previous Campaign

Corporate \$ _____

Employee \$ _____

No. Employees _____

Company Name _____

Please print contact & mailing address

United Way Volunteer contact information

Name _____
 Title _____
 Phone _____
 E-mail _____

No. of pay periods _____

Deductions begin on _____

This report is Partial ____ or Final ____

No. of Employees _____

Type of Gift	Instructions	No. Givers	Total Pledged	Amount Enclosed
Payroll Deduction	Retain pledge cards for your records, copies to Harvey United Way.			
Direct Gift	Enclose cash, checks, signatures required.			
Bill Me Gift	Enclose signed pledge cards.			
Special Events	Identify source of funds.			
Employee Totals	Sum of above.			
Corporate Gift	Enclose signed pledge card.			

Company Billing Information

Has anyone given \$500 or more? Yes or No

If yes, how many? _____

Received by _____ On _____

Input Date _____



UNITED WAY
 Harvey and
 Marion Counties

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