

**For Office Use Only**

Envelope # \_\_\_\_\_ Company Name \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_  
 Account # \_\_\_\_\_

United Way  
 of Southwestern Indiana



**REPORT ENVELOPE**

If you need help completing  
 your report, please call us at  
**812-422-4100.**

Company		
Address		
CEO		
Phone		
# of Employees		Full Time Equivalent (FTE)
# of Pay Periods		

**Please Enter Payroll Statement Address**

Company Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

1 Type of Contribution (Enclose pledge form copies)	Number of Donors	Total Amount Pledged	Payment Enclosed
A. Corporate Contribution			
B. Employee Checks (no cash this year)			
C. Employee Credit Cards (MC, VISA or DISC only)			
D. Employee Direct Billing Gifts			
E. Employee Payroll Deductions			
F. Special Events			
G. Grand Total			

2 Donor option forms enclosed (directed to Pathways, UW programs, or another UW)  YES  NO

**DO NOT WRITE BELOW THIS LINE - FOR UNITED WAY AUDITOR USE ONLY**

Type of Contribution	# of Donors	Total Amount Pledged	Payment Enclosed
A. Corporate Contribution			
B. Employee Cash & Checks			
C. Employee Credit Cards			
D. Deferred Employee Payments			
E. Employee Payroll Deductions			
F. Special Events			
G. Grand Total			

Audited by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 # Designations: \_\_\_\_\_  
 Total \$ Designated: \_\_\_\_\_  
 Initials/Date: \_\_\_\_\_

**3 CAMPAIGN TOTALS**

Today's Date \_\_\_\_\_

Partial Report  Final Report

Today's Total \$ \_\_\_\_\_

Total to Date \$ \_\_\_\_\_

Person Preparing this Report/Phone #:  
 \_\_\_\_\_ / ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

Our company will remit payroll deduction to United Way beginning \_\_\_\_\_  
 on a  weekly  
 monthly  
 other schedule (please specify) \_\_\_\_\_

**Thank you!**