UNITED WAY
Southwestern
Indiana

CAMPAIGN CLOSING ENVELOPE

Company Name: _____

Address: _____

CEO Name: _____

Phone Number: _____

Payroll Statement Address:

_____

Payroll Contact Name: _____

Payroll Contact Email: _____

Today's Date: _____

Today's Total: _____

☐ Partial Report or ☐ Final Report

Campaign total to date: _____

Our company will remit payroll deduction to United Way

☐ weekly ☐ monthly ☐ other (specify)

beginning on (date): _____

Person preparing this report: _____

Their email/phone # _____

Type of Contribution	# of Donors	Total Amount Pledged	Amount Enclosed
Corporate Contribution	N/A		
Employee Checks, Credit Card Info, and Direct Billing			
Employee Payroll Deduction			
Special Event Revenue			
Total			

-- Please include employee checks and donor option forms in envelope. --

For United Way Office Use Only

Envelope #	Company Name	Account #	Date	Staff Member