



P. O. Box 248919
 Oklahoma City, OK 73124-8919
 Phone: 405.236.8441
 Fax: 405.235.2011
 unitedwayokc.org

United Way of Central Oklahoma

WHITE COPY = UNITED WAY

Campaign Report

UNITED WAY USE ONLY	
Envelope #	_____
Staff Initials: _____	Date: _____
Staff Initials: _____	Date: _____
Auditor 1: _____	Auditor 2: _____
Approved by: _____	Approved by: _____

TOTAL NUMBER OF EMPLOYEES AT COMPANY: _____

1 Payroll Contact Name: _____ Email: _____ Phone: _____

Payroll billing address (if different from mailing address): _____

Date that payroll deductions begin: _____ *City, State and Zip Code*

How many pay periods in your year: 12 24 26 52

Billing statements will be sent monthly unless checked: Quarterly Other: _____

2 Employee Pledge Only

This is the FINAL report This is a PARTIAL report

	# of Donors	Total Contributions	Amount Enclosed <i>(must be completed)</i>
Payroll Deductions <i>(retain white copy of pledge card for payroll)</i>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Paid Contributions <i>(cash and check)</i>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money from Special Events <i>("kiss the pig," casual day, etc.)</i>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Pledges to be Billed and/or Credit Card & Stock Pledges <i>(considered unpaid until processing is complete)</i>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
TOTAL <i>(do not include any previous report totals)</i>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

	Pledged	Payment Enclosed	Balance Due
3 Corporate Pledge Only	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
We match our employees' contribution: <input type="checkbox"/> Dollar per Dollar <input type="checkbox"/> .50 per Dollar Other: _____			
Comments: _____			
Corporate Pledge Contact Name: _____ Email: _____ Phone: _____			

4 Preparer's Printed Name: _____ Date: _____

Preparer's Email: _____

Preparer's Signature: _____ Phone: _____

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