

CAMPAIGN REPORT FORM

FILL OUT COMPLETELY - PLEASE PRINT



United Way
of Northeast Georgia

ORGANIZATION _____

TOTAL # OF EMPLOYEES _____

STREET ADDRESS/ PO BOX _____

COORDINATOR'S NAME _____

CITY _____ STATE _____ ZIP _____

COORDINATOR'S EMAIL ADDRESS _____

CONTRIBUTIONS	# OF DONORS	TOTAL CONTRIBUTION	AMOUNT ENCLOSED
ONE-TIME CASH OR CHECK		\$	\$
ONE-TIME ONLINE DONATION		\$	
EMPLOYEE PAYROLL DEDUCTIONS		\$	
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		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Never - We will automatically send payments. <i>Do not send a bill.</i>	

Coordinator Signature/Date _____

2nd Signature/Date _____

LIVE UNITED™

Mailing Address:
1 Huntington Road
Suite 805
Athens, Georgia 30606