

For office use only:
 Envelope #: _____
 Date: _____

Heart of Illinois United Way Campaign Report Form



This Report Is A: PARTIAL FINAL (A partial report means your campaign is still in progress. Please do not include results from any previous partial reports.)

Reminders:

- All information on this report should reconcile with your contributor cards.
- For accounting purposes, ALL Contributor Cards and Designation forms must be enclosed.
- Please Do Not Mail Cash. Call your Campaign Ambassador or the Heart of Illinois United Way at 674-5181 for a volunteer pickup.
- All contributor cards must be returned to our office by January 31 to honor directed contributions or exceptions.

Company/Agency: _____	Account Number: _____
Address: _____	

Payroll Deduction Information (to properly credit your organization's account):
 Billing statements with payroll deduction balances due will be provided by the United Way. Minimal pledge loss, due to employee turnover is anticipated, however, extraordinary termination of employee contributions must be reported to our Finance Department.

How often do you want to receive statements? Monthly Quarterly Other _____ Beginning (month) _____
 Payroll deductions will begin on (month/year): _____ And end on (month/year): _____

Total # of Full-Time Equivalent* Employees: (*2 part-time = 1 full-time employee)	# of Givers	Contributions \$	Payments \$
Send white copy of pledge card to United Way. Send yellow copy to YOUR payroll department. Payroll Deduction			
Checks, cash, credit card charges, Direct Bill. Please PAPER CLIP cash and checks to pledge cards. Non-Payroll Deduction			
Please enclose Corporate Pledge Card. Corporate Gift			
Make checks payable to United Way. Special Events			
TOTALS			

ECC (Employee Campaign Coordinator) Information: _____ Date: _____

Name: _____ Preparer's Signature: _____

Phone: _____ Preparer's Name: _____

Email: _____ Preparer's Phone: _____

Preparer's E-Mail: _____