United Way of Southeast Louisiana

	Envelope Number

CAMPAIGN REPORT

☐ PARTIAL ☐ FINAL

Please do not include any amounts already reported on previous partial reports.

Account Number	User Group	FOR UNITED WAY USE ONLY
Firm/Organization Name		

COMPANY GIFT		Amount	NOTES
1. Paid Now _____		$	
2. To be billed on _____		$	
3. SUB-TOTAL [add lines 1 & 2]		$	
EMPLOYEE GIFTS	# of Donors		
4. Employee Cash		$	
5. Employee Checks		$	
6. Employee Credit Cards		$	
7. **SUB-TOTAL CASH** [add lines 4 thru 6]		$	
8. Bill-at-home Pledges		$	
9. Payroll Pledges		$	
10. **EMPLOYEE TOTAL** [add lines 7 thru 9]		$	
11. Special Fundraisers:		$	
GRAND TOTAL **[add lines 3, 10 and 11]**		$	

Total Number of Employees	
Number of Designations this Report	

AUTHORIZATION

The above listed gifts are bona fide pledges and United Way is hereby authorized to bill for them. (Employee bill-at-home pledges will be billed to the donor's home address, which **MUST** be included on the pledge forms attached.)

Campaign Coordinator Signature _____ Date _____ Chairperson's Title _____

Campaign Coordinator Printed Name _____ Printed Name and Phone Number of Company Contact Regarding PAYMENTS _____

FOR UNITED WAY USE ONLY		RECEIVED BY & DATE:	
Verifier		UW Representative	
Date		Date	

UNITED WAY COPY

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Date		Date	

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