

United Way of Southeast Louisiana

Verifier

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Envelope Number

	MPAIGN R		ported on previou	us partial reports.	☐ PARTIAL	☐ FINAL
	ount Number	User Grou	· · · · · · · · · · · · · · · · · · ·		D WAY USE ONLY	
Firm	n/Organization Name			FOR UNITED	D WAT USE ONLY	
	, , , , , , , , , , , , , , , , , , , ,					
CC	MPANY GIFT			Amount	NOTES	
1.	Paid Now			\$		
2.	To be billed on			\$		
3.	SUB-TOTAL	[add lines 1 & 2]	_	\$		
ΕN	MPLOYEE GIFT	S	# of Donors			
4.	Employee Cash			\$		
5.	Employee Checks			\$		
6.	Employee Credit Car	ds		\$		
7.	SUB-TOTAL CASH	[add lines 4 thru 6]		\$		
8.	Bill-at-home Pledge	S		\$		
9.	Payroll Pledges			\$		
10.	EMPLOYEE TOTAL	[add lines 7 thru 9]		\$		
11.	Special Fundraisers	:		\$		
GF	RAND TOTAL	[add lines 3, 10 and 11]	\$		
Tota	al Number of Employe	es				
Nur	nber of Designations	this Report				
The al which	MUST be included on the	pledge forms attached.)	Way is hereby authoriz		ployee bill-at-home pledges will be billed to th	ne donor's home address,
Campaign Coordinator Signature			Date	Chairperson's Title		
Camp	paign Coordinator Printe	ed Name		Printed Name and	Phone Number of Company Contact Reg	arding PAYMENTS
FO	R UNITED WAY	USE ONLY		RECEIVED	BY & DATE:	

Date

UW Representative



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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 NOTES **COMPANY GIFT** Amount **Paid Now** \$ 2. To be billed on _ \$ 3. **SUB-TOTAL** [add lines 1 & 2] **EMPLOYEE GIFTS** # of Donors \$ **Employee Cash** 5. **Employee Checks** \$ **Employee Credit Cards** \$ 6. 7. **SUB-TOTAL CASH** \$ [add lines 4 thru 6] 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

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Verifier		UW Representative	
Date		Date	