

REPORT FORM

An electronic version of this form can be found at uwsme.org/campaign

Organization: _____

Person Completing Report: _____

Date: _____

Page: ____ of: ____

For United Way Use
Account #

Please print legibly. Contents must match envelope summary.

EMPLOYEE NAME (Please print)	CASH/CHECK	DIRECT BILL (\$25 min.)	PAYROLL DEDUCTION (Annual)	TOTAL PLEDGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL (This Page)				