Campaign Report

UNITED WAY Southeastern Idaho | POWER IN PARTNERSHIPS

Date _____

Thank you for preparing your organization's campaign results!

Company / Organization _____ Campaign Manager _____

Address _____ City _____ Zip Code _____

# of Employees _____ Preparer's Name _____ Preparer's Email _____ Preparer's Phone _____

NOTE: Please convert all cash and coins to a check or money order payable to **"United Way of Southeastern Idaho"**

	Number of Donors	Total Contribution	(United Way Use Only) Envelope Verification	NC
EMPLOYEE PLEDGES:				
Payroll Deduction				
Check Pledge				
Cash Pledge				
Credit Card Pledge				
SPECIAL EVENTS:				
Cash, Checks and Credit Card gifts				
TOTAL EMPLOYEE GIVING				
CORPORATE GIFT (Enclose signed pledge card)				
Check Enclosed? ___ Yes ___ No				
ENVELOPE TOTAL				

Organization #:	
Campaign Year:	
Processor:	
Fundraiser:	

(United Way Use Only)

Process	Initials	Date	Envelope #
Received:			
Verified & Deposit:			
Data Entry:			
Final Review:			
Scanned:			

Amount Deposited

Cash	Check	Total

Questions? Email mikala@unitedwaysei.org

Deposit # **Deposit Date** _____