

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:

- Please cross out any incorrect company/address information and hand-write the correct information on the line.
- All information on this report should reconcile with your donation forms.
- For accounting purposes, ALL donation forms and designations must be enclosed.
- All donation forms must be returned to our office by December 15 to honor directed contributions and ensure year-end processing.

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 donations must be reported to our Finance Department.

How often do you want to receive statements? _____ 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	Pledges \$	Payments \$
PAYROLL DEDUCTION <small>Send white copy of donation form to United Way. Send yellow copy to YOUR payroll department.</small>				
NON-PAYROLL DEDUCTION <small>Checks, Cash, Credit Card Charges, Direct Bills. Please PAPER CLIP cash and checks to pledge forms.</small>				
CORPORATE GIFT <small>Please enclose Corporate Pledge Card.</small>				
SPECIAL EVENTS <small>Make checks payable to Heart of Illinois United Way.</small>				
TOTALS			\$	\$

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

Name: _____	Preparer Signature: _____
Phone: () - _____	Preparer's Name: _____
E-Mail: _____	Preparer's Phone: _____
	Preparer's E-Mail: _____