

United Way of Southwest Minnesota Workplace Campaign Report

Please complete this report every time you are turning in campaign funds/pledge forms from your workplace

PLEASE DO NOT WRITE IN GRAY SHADED AREAS!

PLEASE FILL OUT THE FOLLOWING INFORMATION ON EACH REPORT TURNED IN.

| | |
|--|--|
| COMPANY/ORGANIZATION NAME | |
| Name of Person completing report | |
| This report is: (please choose one) | <input type="checkbox"/> Partial Report <input type="checkbox"/> Final Report (no more funds expected) |

PLEASE ONLY REPORT PLEDGES AND PAYMENTS TURNED IN WITH THIS REPORT.

| Employee Contributions/Pledges | # of Donors | Total Pledges | Amount Enclosed | United Way Audited Amounts |
|--|-------------|---------------|-----------------|----------------------------|
| One Time Gifts Cash/check | | \$ | \$ | |
| Payroll Deduction Pledges | | \$ | \$ | |
| Credit Card Pledges Please complete via our website | | \$ | \$ | |
| Special Events | | \$ | \$ | |
| Total Employee Donations This Report | | \$ | \$ | |
| | | | | |
| Corporate Contribution/Pledge Please fill out pledge form and indicate billing date if invoice is requested. | | \$ | \$ | |

NOTES:

PLEASE PROVIDE THE FOLLOWING ONCE EACH YEAR OR IF INFORMATION CHANGES.

| | |
|--|--|
| Name of CEO/President | |
| Mailing Address | |
| City, State, Zip | |
| Telephone Number/Email | |
| Name of Campaign Ambassador | |
| Name of Payroll Contact | |
| Name of Billing Contact | |
| Number of Employees in UWSWMN Service Area: | |

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United Way
of Southwest Minnesota

