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)	□ P	artial Report	☐ Final	Report (no more	funds expected)
PLEASE ONLY REPORT PLEDGES AND PAYMENTS TURNED IN WITH THIS REPORT.					
Employee Contributions/Ple	dges	# 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 Repor	t		\$	\$	
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:					

