



**WE GAVE.  
WE VOLUNTEERED.  
WE CONQUERED.**

**LIVE UNITED**



## CAMPAIGN SUMMARY REPORT

Thanks for your support of our United Way. If you have any questions while completing this form, please contact **Julie McAteer 336.560.2547**.

COMPANY NAME \_\_\_\_\_ CEO \_\_\_\_\_

TOTAL NO. of EMPLOYEES \_\_\_\_\_ NO. of EMPLOYEES GIVING IN THIS REPORT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street. City State Zip

NAME OF PERSON COMPLETING THIS REPORT \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

## PLEDGE FORM AND PAYMENT INSTRUCTIONS

Please attach a signed copy of each employee pledge form with this Campaign Summary Report

**a. Payroll Deductions:** Please enter the amount of payroll deductions ONLY included with this report

**b. Cash/Checks:** Attach all cash/checks. Please ATTACH to the corresponding pledge form-please do NOT staple

**c. Credit Cards:** Please be sure all pledge forms include donor's billing address

## SUMMARY REPORT INSTRUCTIONS

Complete all pledge information below showing ONLY amount reported on this summary. Upon completion, please do one of the following:

Please scan and return summary and signed pledge forms to:

Julie McAteer : [jmcateer@uwalamance.org](mailto:jmcateer@uwalamance.org)

OR

If checks or cash included, please email Julie McAteer and we will pick up the summary and signed pledge forms.

Is this your final report? (Please Circle) Yes No

	a.Amount in Payroll Deductions	b.Amount in Cash and Checks	c.Amount to Be Billed or Credit Card Amount	TOTALS
CORPORATE PLEDGE ENCLOSED FORMS		\$	\$	\$
EMPLOYEE PLEDGES ENCLOSED FORMS	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

## THIS SPACE FOR CAMPAIGN AUDITOR ONLY

a. Amount in Payroll Deductions Number of Pledge Forms Attached

\$ \_\_\_\_\_

c. Amount to Be Billed or Credit Card Amt

\$ \_\_\_\_\_

Number of Pledge Forms Attached

\_\_\_\_\_

b. Amount in Cash and Checks

Cash \$ \_\_\_\_\_

Checks \$ \_\_\_\_\_

TOTAL AMOUNT OF PLEDGES

\$ \_\_\_\_\_

Number of Pledge Forms Attached

\_\_\_\_\_

TOTAL NUMBER OF PLEDGE FORMS

ATTACHED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ DATE AUDITED \_\_\_\_\_ AUDITED BY \_\_\_\_\_



United Way  
of Alamance County