

# United Way Campaign Report Envelope

If found, please return to: United Way of Northwest Arkansas, 117 Parkwood St., Suite 3, Lowell, AR 72745

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

In House Coordinator Name \_\_\_\_\_

In House Coordinator Email \_\_\_\_\_

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

EMPLOYEE INFORMATION	
Number of Full Time Employees _____	Number of Part Time Employees _____

	# of Donors	Pledged	Paid	
<b>Corporate Gift</b> <small>Contribution from company. Please DO NOT count employee contributions with this number</small>				<b>A</b>

**CORPORATE GIFT**

If a corporate gift is being made, it will be paid:

One Time \_\_\_\_\_ (date)

Quarterly     Semi-annually

The contact for corporate gift payment is:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Employee Gifts

Cash and Checks				
Direct Billing <small>(Statements sent to home address.)</small>				
Credit Card				
<b>Employee Gifts Total</b>				<b>B</b>

**EMPLOYEE PAYROLL WITHHOLDING**

Payroll withholding pledges will be paid

Monthly     Semi-Annually

Quarterly     Annually

No statement, please

The contact for payroll disbursement is:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

<b>Payroll Deductions</b>				<b>C</b>
<b>Special Fundraisers</b> <small>Include the total amount raised through special events (e.g. bake sales, lunches, car washes, etc.)</small>				<b>D</b>
<b>ENVELOPE TOTALS</b> <small>Add A, B, C, and D in each column</small>				

**QUESTIONS? CONTACT US:**

117 Parkwood St., Ste 3  
Lowell, AR 72745  
tel: 479.750.1221  
fax: 479.770.0133

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www.unitedwayna.org  
www.volunteernwa.org

# LIVE UNITED

United Way of  
Northwest Arkansas

