



20 _____ CAMPAIGN DONATION REPORT ENVELOPE

Company: _____ **Employee Campaign Chair:** _____
Telephone: _____
Address: _____ **Payroll Contact Name:** _____
Telephone: _____

Campaign Type
 Annual
 Continuous
 National

DONOR'S NAME	PAID NOW Cash	PAID NOW Cheque	PAID NOW Credit	Annual Payroll Deduction	INSTALLMENTS	
					Credit Card	Direct Debit
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Employee Donation Totals	\$	\$	\$	\$	\$	\$

OFFICE USE ONLY

Designations Yes No
 Volunteer Opportunity Yes No
 Presentation Yes No
 Agency Speaker Yes No
 Retirees Since Last Campaign Yes No #____
 Leaders of the Way Yes No #____
 Andar ID #: _____
 Staff Initials: _____ Date: _____

Employee Giving Total	\$
Corporate Employee Match Total	\$
Corporate Donation Total	\$
Special Events Total (please include list in envelope)	\$
GRAND TOTAL (donations, corporate, events)	\$

EMPLOYEE CONTRIBUTION FORMS: Bottom portion to workplace payroll office. Top portion return to United Way with cash/ cheques to:
United Way of Thunder Bay 1006 – 715 Hewitson Street, Thunder Bay, ON P7B 6B5
 Enquiries: Phone (807) 623-6420 Fax (807) 623-6180 Registered Charity #12982 0387 RR0001