



20__ CAMPAIGN DONATION REPORT ENVELOPE

Company: _____ Employee Campaign Chair: _____

Telephone: _____

Address: _____ Payroll Contact Name: _____

Telephone: _____

Campaign Type	<input type="checkbox"/> Annual	<input type="checkbox"/> Continuous	<input type="checkbox"/> National
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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 <small>(please include list in envelope)</small>	\$
GRAND TOTAL <small>(donations, corporate, events)</small>	\$