



20__ CAMPAIGN DONATION REPORT ENVELOPE

Company: _____ Employee Campaign Chair: _____
 Telephone: _____
 Address: _____ Payroll Contact Name: _____
 Email/Telephone: _____

Campaign Type Annual Continuous National

DONOR'S NAME	PAID NOW Cash/Chq	PAID NOW Credit	National PAID NOW Cash/Chq/CC	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	\$
Invoice Required? Yes No	
Corporate Donation	\$
Invoice Required? Yes No	
Special Events Total (please include list in envelope)	\$
GRAND TOTAL (donations, corporate, events)	\$