

# WORKPLACE CAMPAIGN REPORTING FORM

United Way  
of Logan County



Please fill out this form completely. It is important for audit purposes and for the efficiency of the campaign. Upon completion of the campaign, attach copies of all completed pledge forms and all gifts of cash and checks. Return this form and any unused campaign materials to the United Way office or call us for pickup. Thank you so much for helping to coordinate this project. Know that your efforts are going a long way toward improving lives here in Logan County!

www.uwlogan.org  
653 S. Main St.  
Bellefontaine, OH 43311  
(937) 592-2886

Business Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Address: \_\_\_\_\_ Donors: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Campaign Coordinator: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*\* PLEASE MAKE SURE THAT A COPY OF ALL PLEDGE FORMS IS ALSO SUBMITTED TO YOUR PAYROLL DEPARTMENT SO THEY CAN PROCESS THE DEDUCTIONS.** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Donation Method	Number of Pledges	Total Amount Pledged	Total Amount Enclosed	Balance to be Paid
Payroll Deductions (Paper)			_____	
Payroll Deductions (Online)			_____	
<del>One-Time Cash donations</del>				
One-Time Check donations				
Credit Card donations				
Campaign Fundraisers				
<del>Corporate Gift</del>				
Grand Total	_____			
Grand Total				

PAYROLL DEDUCTION START DATE FOR THESE PLEDGES: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOW WILL YOU PAYOUT YOUR BALANCE?:**

- We automatically pay UW bi-weekly
- We automatically pay UW monthly
- We automatically pay UW quarterly
- UW should bill us quarterly
- Other \_\_\_\_\_

**Does your company allow new hires to enroll in payroll deduction for United Way year-round?**

Yes  No

Authorized Signature: \_\_\_\_\_

2nd Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_