



1101 Fourth Street, Suite 202
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 uwcl.org

FOR UNITED WAY USE ONLY

Campaign Year _____

Envelope Number

ANDAR Acct# _____

United Way
 of Central Louisiana

CAMPAIGN REPORT

PARTIAL FINAL

INSTRUCTIONS

1. Please be sure that all information is provided.
2. Complete this report for only pledge authorizations or payments included in this envelope.
 If you receive additional pledges, you may revise this report by contacting **Anada Flanagan** Anada@uwcl.org
3. Please list the names and amounts of all employees who gave \$500 or more on the enclosed Leadership Form or on the campaign spreadsheet.

Firm / Organization Name & Address

Chief Executive Officer: _____ Campaign Coordinator: _____

Firm/Organization Name: _____ Telephone: _____

Firm/Organization Address: _____ Date Submitted: _____

CORPORATE GIFT		Amount	FOR UNITED WAY USE ONLY
1. Paid now _____		\$ _____	
2. To be billed <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		\$ _____	
3. SUB-TOTAL (Lines 1-2)		\$ _____	
EMPLOYEE GIFT	# of Donors		
4. Cash		\$ _____	
5. Checks		\$ _____	
6. Credit Cards		\$ _____	
7. Direct Bill		\$ _____	
8. Payroll Deduction Pledges: To be Billed <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		\$ _____	
9. Total Employee Giving (Lines 4-8)		\$ _____	
10. Non-Employee Giving/Special Events		\$ _____	
GRAND TOTAL (Lines 3 + 9 + 10)		\$ _____	

THIS FORM CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

Total Number of Employees _____

Total Number of Leadership Givers _____

Number of Donors _____

Leadership List ENCLOSED NONE

Number of 1-hour givers _____

Specific Care Forms: ENCLOSED NONE

Number of 2-hour givers _____

Campaign Spreadsheet ENCLOSED EMAILED

Number of 1% givers _____

Accounting Dept. Contact _____ Title _____ Phone _____

Company Rep. Signature _____ Title _____ Phone _____

United Way NELA Staff Signature _____

PLEASE MAKE A COPY OF THIS CAMPAIGN REPORT FOR YOUR RECORDS. **THANK YOU!**