



United Way of Jasper County

CORPORATE CONTRIBUTION

COMPANY INFORMATION

Company/Corporation _____ Company Contact _____

Billing Address _____ City _____ Zip Code _____

Contact E-Mail Address _____ Contact Phone _____

President/CEO _____

COMPANY CONTRIBUTION INFORMATION

Total Pledge

BILLING INSTRUCTIONS

Our gift is a corporate match: 50% 100% Other ____ %

Our gift is a corporate gift

Please bill us for the balance due:

Once

Quarterly beginning (circle on): December March June September

PLEASE LET US KNOW THE FOLLOWING

This is exactly how our company should be listed in printed publications:

YES, in addition to a corporate gift to the annual campaign, we will donate \$ _____ to the United Way of Jasper County Endowment fund for the long term benefit of our community. Please make check payable to United Way of Jasper County Endowment.

PLEASE SIGN & DATE

Signature _____ Date _____

Thank you for your gift!



United Way of Jasper County

CAMPAIGN REPORT

REPORT DATE:

PARTIAL REPORT

FINAL REPORT

COMPANY INFORMATION

Company/Corporation _____ Employee Campaign Coordinator _____

Address _____ City _____ Zip Code _____

Company/Corporation Web Site _____ Company/Corporation Main Phone _____

ECC E-mail Address _____ ECC Phone _____ ECC Signature _____

PAYMENT INFORMATION

• Date you will begin withholdings for the Payroll Deduction Pledges:

• How will your company remit Payroll Deduction? Bi-Weekly Monthly Quarterly Other:

Payroll Department Contact: _____ Phone: _____

Total Number of Pledge Forms Enclosed Total Number of Employees at Time of Campaign

EMPLOYEE CONTRIBUTIONS	TOTAL CONTRIBUTIONS	NUMBER OF DONORS
Employee Payroll Deductions	<input type="text"/>	<input type="text"/>
Check/Cash Contributions	<input type="text"/>	<input type="text"/>
Bill Me	<input type="text"/>	<input type="text"/>
Special Events/Fundraising (bake sale, jeans day, etc.)	<input type="text"/>	<input type="text"/>
TOTAL EMPLOYEE GIVING	<input type="text"/>	<input type="text"/>

ENVELOPE TOTAL
(Company & Employee)

** For United Way Use Only:

Verified By: _____ Date: _____ Entered By: _____ Date: _____