

United Way of Central Florida
 5605 US Highway 98 South
 PO Box 1357
 Highland City, FL 33846-1357
 863.648.1500

Campaign Report Form



Highlands County Division
 PO Box 3860
 Sebring, FL 33871-3860
 863.453.3401

Do Not Mail This Envelope
Call for pick-up

United Way
 of Central Florida
www.uwcf.org

For United Way Use Only	
Account Number _____	
Campaign Year _____	
Date ____ / ____ / ____	
Status: <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/> Additional	
Audited By: _____	Envelope #

Organization Name & Address:

Corporate Billing Address:

(Please include if corporate and employee gifts are to be billed to separate address)

Total Number of Employees: _____

Employee Coordinator Name: _____

Phone #: _____

Is this the final campaign report? Yes No

Employee & Corporate Contributions Enclosed (Please do not include previously reported information)

Summary of Annual Contribution	Number of Givers	Total \$ Amount Pledged	Payments Enclosed	UWCF Use
1. Cash Contributions <i>(Enclose Cash)</i>				
2. Check Contributions <i>(Enclose Checks)</i>				
3. Payroll Deduction Pledges				
4. Pledges to be Billed by UWCF <i>(Enclose Forms)</i>				
Subtotal <small>(1 - 4)</small>				
5. Special Events <input type="checkbox"/> Recurring <input type="checkbox"/> One Time			Total Special Events \$	
6. Corporate Gift			<input type="checkbox"/> Enclosed \$ <input type="checkbox"/> Balance Due \$	
Report Totals <small>(1 - 6)</small>			Total Payments Enclosed \$	

United Way of Central Florida must have copies of pledge forms for audit purposes. If your company does not allow submission of individual pledge forms, please state reason:

Contributor Choice Designations:
 YES, there are several designations to specific agencies. I have enclosed Contributor Choice forms for these designations.
 NO, there are no designations.

Enclose the following:

- Corporate Pledge Card
- Employee Pledge Forms
(Billing address required if "Bill Me" method is indicated)
- Contributor Choice Forms
- Leadership Giving Association Information
(Please list all Leadership & Young Leader contributors on the reverse side)
- Cash/Checks
- Unused Campaign Materials

I agree the above information is accurate to the best of my knowledge.
 Signature: _____ Date: _____

Title: (select one)

- Campaign Staff
- Employee Coordinator
- Loaned Executive
- Other (please specify) _____

If Campaign Report Form was completed by UWCF Staff, signature is required from CPO / COO:

Signature

Date