



Workplace Report Envelope

Workplace Coordinator Information

Please provide your contact information below:

Name: _____

Phone: _____

Email: _____

| UNITED WAY USE ONLY | |
|---------------------|-------|
| Envelope # | _____ |
| Date Rec'd | _____ |
| Posted by | _____ |
| Posted QB | _____ |
| Posted Andar | _____ |

1 Gift Information

Final envelope **OR** Additional envelope(s) is/are coming

| Type of Contribution | # of Donors | Total Amt. Pledged | Payment Enclosed |
|-----------------------------|-------------|--------------------|------------------|
| A Corporate Gift | | | |
| B Cash & Checks | | | |
| C Credit Cards/Direct Bills | | | |
| D Payroll Deduction | | | |
| E Special Events/Other | | | |
| F GRAND TOTAL | | | |

2 Payment Information

Payments will be made:

| | Corporate Gift (1A) | Payroll Deduction (1D) |
|-----------------------|-----------------------|------------------------|
| Per pay period | <input type="radio"/> | <input type="radio"/> |
| Monthly | <input type="radio"/> | <input type="radio"/> |
| Quarterly | <input type="radio"/> | <input type="radio"/> |
| One time | <input type="radio"/> | |
| Date of first payment | _____ | |

Do you wish to receive a reminder statement? Yes No

3 Checklist: All items completed on checklist printed on back of envelope.

4 Workplace Contacts

Envelope Completed By _____

Phone _____

Payroll Office Contact _____

Phone _____

Signature _____

Title _____

Date _____

NOTE: When envelope is complete, please contact United Way Blackhawk Region at (608) 314-8421 to arrange for pick-up.

Thank you!

LIVE UNITED



United Way Blackhawk Region Drop-off location:

205 N. Main St., Suite 101
Janesville, WI 53545



LiveUnitedBR.org

Please enclose ALL completed pledge forms.