



1201 Hudson Lane  
 Monroe, LA 71201  
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 unitedwaynela.org

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 Ruston, LA 71270  
 Phone (318) 232-0055

FOR UNITED WAY USE ONLY

Campaign Year \_\_\_\_\_

Envelope Number  
 \_\_\_\_\_  
 \_\_\_\_\_

ANDAR Acct# \_\_\_\_\_

United Way  
 of Northeast 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 **Michelle Tolar** at [mtolar@unitedwaynela.org](mailto:mtolar@unitedwaynela.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. <b>SUB-TOTAL</b> (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. <b>Total Employee Giving</b> (Lines 4-8)		\$ _____	
10. Non-Employee Giving/Special Events		\$ _____	
<b>GRAND TOTAL</b> (Lines 3 + 9 + 10)		\$ _____	

## THIS FORM CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

Total Number of Employees \_\_\_\_\_  
 Number of Donors \_\_\_\_\_  
 Number of 1-hour givers \_\_\_\_\_  
 Number of 2-hour givers \_\_\_\_\_  
 Number of 1% givers \_\_\_\_\_

Total Number of Leadership Givers \_\_\_\_\_  
 Leadership List  **ENCLOSED**  **NONE**  
 Specific Care Forms:  **ENCLOSED**  **NONE**  
 Campaign Spreadsheet  **ENCLOSED**  **EMAILED**

\_\_\_\_\_  
 Company Rep. Signature Title Phone

\_\_\_\_\_  
 Accounting Dept. Contact Title Phone  
 \_\_\_\_\_  
 United Way NELA Staff Signature

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