



1201 Hudson Lane
 Monroe, LA 71201
 Phone (318) 325-3869
 unitedwaynela.org

939 North Trenton Street
 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

- Please be sure that all information is provided.
- 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
- 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 | | Annual 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!**