

CAMPAIGN REPORTING ENVELOPE

To be completed by UWWC					
Envelope Number:					
Date Received:					
Campaign Year:					

	Please complete form and return to United Way of Washington County, MD.							
INCLUDE	Copy of pledge form for EACH gift Attach all checks and cash with paper clip to ple	ledge form.	Call 301-739-8200 x 12 to arrange for pick up or delivery of campaign envelope (s).					
Compa	ny:							
Departr	nent / School:							
Campa	ign Coordinator:							
Phone I	Number:	Email:_						
Γotal nu	umber of employees:	Total nur	nber of	donors:	_			
	end electronic campaign report (available or ale@unitedwaywashcounty.org. 	n our website) to)	Date of campaign (s):				
	Employee Payroll	\$						
		Cash \$						
	Employee One-Time Gift	Check \$						
		Credit Card \$						
	Corporate Gift Circle one: Bill Gift included	\$						
	Special Event Fundraising	\$						
	Type of event (s):							
	Total Raised	\$						
	Total Enclosed	\$						
	Per Capita Gift Total Raised / Total Employees	\$						
	Participation Rate (Total Donors/Total Employees) x 100	%						

Thank you for supporting your community with United Way!

Questions? Contact UWWC AT 301-739-8200 X 12 or visit www.unitedwaywashcounty.org for campaign tools.

To be completed by UWWC: Create _	Input	_Review _	Approve