



United Way  
of Defiance County  
608 Clinton Street  
Defiance, Ohio 43512  
(419) 782-3510

# REPORT ENVELOPE

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Employee Campaign Manager \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

# of Contributors	Type of Contributions	Total Pledges \$	Total Payment \$ Enclosed
	<b>Payroll Deduction</b> Enclose signed Summary of Payroll Deduction Pledges or Individual pledge forms.		
	<b>Fully Paid Contributions</b> Enclose Cash/Checks/Credit Card info with contributor's pledge forms.		
	<b>Other</b> Company sponsored special events. Check or cash must be enclosed.		
	<b>Direct Billing</b> Contributors who ask United Way of Defiance Co. to bill them must sign their card and include their billing address. These cards must be enclosed.		
	<b>Total Employee Contributions</b>		
	<b>Corporate Gift</b>		
	<b>GRAND TOTAL</b>		

Is this your FINAL Campaign Report? \_\_\_\_\_ Yes \_\_\_\_\_ No

EMPLOYEE FIGURES: Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_