

C A M P A I G N
S U M M A R Y



GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED

Company Name		Account Number		
Address		City	State, Zip	
CEO Name				
Total Number of Employees:				
Total Number of Givers at Building Block Level: (\$1 per week or more)				
Total Number of Employees giving at Benefactors Club Level (\$500 and over):				
Payroll Withholding Remittance: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Start Date				
(REQUIRED):				
Contribution Methods	# of Cards/Givers Count	Total Dollars Pledged/Raised	Total Paid or Enclosed	Balance Due
A. Cash/Check (enclose payment)				
B. Payroll Deduction Pledges (Retain Payroll or Yellow Copy)				
C. Direct Bill				
D. Charge/Credit Cards				
TOTAL EMPLOYEE GIVING				
CORPORATE DONATION				
SPECIAL EVENTS/JEANS DAY DONATION				

CORPORATE GIFT PAYMENT SECTION (if not paid in full)

Frequency: Quarterly Monthly Once Starting On: _____

This report submitted by:

Authorized Signature

Date: _____

Title

Email: _____

For Office Only:		
Date:	Batch #:	Envelope #