

LIVE UNITED



United Way
of Northeast Louisiana

1201 Hudson Lane, Monroe, LA 71201
Phone (318) 325-3869 Fax (318) 325-4329
www.unitedwaynela.org

FOR UNITED WAY USE ONLY

Campaign Year	Envelope Number
ANDAR Acct #	_____

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 Amey Crousillac at acrousillac@unitedwaynela.org
3. Please list the names and amounts of all employees who gave \$500 or more on the enclosed Leadership Form. Also indicate if they would like to become a member of UNITED45.
4. Please SIGN and date this report and return to your United Way representative within **14 days of the closing of your campaign.** If you have **NO checks, cash, specific care pledges, bill directs, or Leadership Giving Pledge Cards, please scan and email to acrousillac@unitedwaynela.org or Fax to 318-325-4329.**

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 Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>		\$ _____	
3. SUB-TOTAL (Lines 1-2)		\$ _____	
EMPLOYEE GIFTS	# of Donors		
4. Cash		\$ _____	
5. Checks		\$ _____	
6. Credit Cards		\$ _____	
7. Direct Bill		\$ _____	
8. Payroll Pledges: To be billed Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>		\$ _____	
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 1% givers _____

Accounting Dept. Contact _____ Title _____ Phone _____

Company Rep. Signature _____ Title _____ Phone _____ Campaign Associate Signature _____

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