

**LIVE UNITED**



United Way  
of Northeast Louisiana

1201 Hudson Lane, Monroe, LA 71201  
939 North Trenton Street, Ruston, LA 71270  
Phone (318) 325-3869 Fax (318) 325-4329  
[unitedwaynela.org](http://unitedwaynela.org)

FOR UNITED WAY USE ONLY

Campaign Year	Envelope Number
ANDAR Acct #	_____
	_____

# 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](mailto:mtolar@unitedwaynela.org)
- 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.
- 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 fill in, save, and email to [mtolar@unitedwaynela.org](mailto:mtolar@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. <b>SUB-TOTAL</b> (Lines 1-2)		\$ _____	
EMPLOYEE GIFTS		# of Donors	
4. <b>Cash</b>		\$ _____	
5. <b>Checks</b>		\$ _____	
6. <b>Credit Cards</b>		\$ _____	
7. <b>Direct Bill</b>		\$ _____	
8. <b>Payroll Pledges: To be billed</b> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>		\$ _____	
9. <b>Total Employee Giving (Lines 4-8)</b>		\$ _____	
10. <b>Non-Employee Giving/Special Events</b>		\$ _____	
<b>GRAND TOTAL</b> (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!**