

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

- 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 Amey Crousillac at acrousillac@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 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!