

# UPDATE WORKPLACE CAMPAIGN

Thanks for helping us keep our records accurate and up-to-date! All information submitted will be kept confidential. Required fields are indicated by an asterisk (\*).

## About Your Organization

\*Organization Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*ZIP Code*

\*Phone: (       ) \_\_\_\_\_

Fax: (       ) \_\_\_\_\_

E-mail : \_\_\_\_\_

Website \_\_\_\_\_

# of \_\_\_\_\_

Emp.: \_\_\_\_\_

## Your Top Executive/Chief Executive

\*Name: \_\_\_\_\_

\*Job \_\_\_\_\_

Title: \_\_\_\_\_

Direct \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

Cell \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

Email: \_\_\_\_\_

## Current Campaign Coordinator

\*Name: \_\_\_\_\_

\*Job \_\_\_\_\_

Title: \_\_\_\_\_

Direct \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

Cell Phone: (       ) \_\_\_\_\_

Email: \_\_\_\_\_

## Payroll Deduction Communication

\*Name: \_\_\_\_\_

\*Job \_\_\_\_\_

Title: \_\_\_\_\_

Direct \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

Cell Phone: (       ) \_\_\_\_\_

Email: \_\_\_\_\_

Your form can either be submitted by fax (618) 993-0140 or mail to:

United Way of Southern Illinois

PO Box 1901

Marion, IL 62959



*THANKS!*