

Campaign Final Summary Report 2018-19

Please complete at the end of your campaign.
Make a copy for your records. Mail this original form to:



United Way of Southern Illinois (UWSI)

PO Box 1901, Marion, IL 62959 618.997.7744

Company/Org. Mailing Address (if different than above):	CEO: Phone: Email: Campaign Coordinator: Title: Phone: Email:																		
EMPLOYEE CAMPAIGN RESULTS: (submit UWSI copy of pledge cards) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:80%;">Checks/Cash attached</td> <td style="width:20%; text-align: right;">\$</td> </tr> <tr> <td>Checks/Cash sent separately</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Payroll Deduction Pledges</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">\$</td> </tr> </table>	Checks/Cash attached	\$	Checks/Cash sent separately	\$	Payroll Deduction Pledges	\$	TOTAL	\$	Giving Statistics: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td></td> <td style="text-align: center;"># of EMPLOYEES</td> </tr> <tr> <td style="text-align: center;">Full-Time:</td> <td></td> </tr> <tr> <td style="text-align: center;">Part-Time:</td> <td></td> </tr> <tr> <td style="text-align: center;">Contributors:</td> <td></td> </tr> <tr> <td style="text-align: center;">Leadership Givers (\$500+):</td> <td></td> </tr> </table>		# of EMPLOYEES	Full-Time:		Part-Time:		Contributors:		Leadership Givers (\$500+):	
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SPECIAL EVENTS Please list: (or attached detail) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">\$</td> </tr> </table>		\$		\$		\$		\$	TOTAL	\$	Payroll Deduction Information Payroll deductions start _____ and end _____. Payments: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> other _____. Contact for questions about United Way payroll deductions: NAME: _____ TITLE: _____ PHONE: _____								
	\$																		
	\$																		
	\$																		
	\$																		
TOTAL	\$																		
CORPORATE GIFT \$ _____ Authorized by: _____ Signature: _____ Title: _____ Date: _____	CONTACT Form completed by: NAME: _____ TITLE: _____ DATE: _____ PHONE: _____																		

All pledges & donations will default to the zip code of the company/store location unless otherwise designated.

For audit purposes, please attach all employee pledge cards or detailed spreadsheet with the following information:

Employee Name	Total Payroll Deduction	Total Cash/Check	UW Zone or Zip Code	Specific Designation to Organization/Program
Example:1 Luna Moon	52.00		62900	Community Impact Programs such as: Education, Health, Income, Basic Needs, 211, Holiday Helping Hands, SI Hygiene Program; SI Disaster Relief, Stuff the Bus & Success By 6/Born Learning)
Example2: AC Hocker		100.00	Herrin Area	Program Code # &/or Organization Name such as: 0245 Herrin Junior Ball League
Example3: Ned Carter	104.00		79999	If designation is not one of our funded programs, there is a \$25 minimum donation. Please have employee list the organization name AND address.