

# Summary Report

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

### Did you remember to:

1. Include all copies of pledge cards?
2. Include completed Pledge Listing Sheets?
3. Make all checks out to United Way? Include all cash?
4. Keep a copy of each pledge card for your payroll department?

This report is:  Partial  Final  Additional  
**Office Use Only:** \$ \_\_\_\_\_ Cash \_\_\_\_\_ Initials \_\_\_\_\_

<b>Employee Gifts</b>	Number of Contributors	Pledge Amount	Payment Amount	Balance Due
<b>Payroll Deductions</b> Send duplicate pledge cards to YOUR payroll department. Send originals to United Way.				
<b>Check Gifts</b> Enclose pledge cards with checks attached. Make checks payable to United Way. Put cash in a separate envelope.				
<b>Cash Gifts</b> Enclose cash. Initial here: ECM _____ UW _____				
<b>Direct Bill</b> Be sure SIGNED pledge cards are enclosed with any cash paid now attached.				
<b>Credit Cards</b> Be sure SIGNED pledge cards enclosed include the card's expiration date, card holder's billing address and phone number.				
<b>Totals</b>				
Total number of company employees, contributing or not.		<i>Total pledge amount</i>	<i>Total dollar amount enclosed</i>	<i>Balance Due</i>

<b>Special Event(s)</b> Make checks payable to United Way. Initial here: ECM _____ UW _____	Pledge amount	Payment enclosed		Balance due
		Checks	Cash	

<b>Corporate Gift</b>	Pledge amount	Payment enclosed	Balance due
If the Corporate Pledge card is completed and enclosed, list the amount: We will automatically remit: <input type="checkbox"/> Mo. <input type="checkbox"/> Qtr. <input type="checkbox"/> Once on _____ OR Please bill us: <input type="checkbox"/> Mo. <input type="checkbox"/> Qtr. <input type="checkbox"/> Once on _____			

<b>GRAND TOTALS</b>	Total All Pledge Amounts	Total All Payments	Total All Balance Due
	_____	_____	_____

ECM Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Report picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payroll Deduction Information</b>
Payroll deduction will automatically be remitted: <input type="checkbox"/> Mo. <input type="checkbox"/> Qtr. <b>OR</b> Please bill us: <input type="checkbox"/> Mo. <input type="checkbox"/> Qtr. <input type="checkbox"/> No Bill Address for payroll deduction billing if different than address above. _____ _____ Your company's payroll representative: _____ (Name) (Title) (Phone number)

Be sure all employee contributors are on Pledge Listing Sheets

Return top copy to United Way ♦ Retain bottom copy