

United Way of Northeast Louisiana 1201 Hudson Lane Monroe, LA 71201 Phone (318) 325-3869 unitedwaynela.org

939 North T Ruston, LA Phone (318)

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71270	
232-0055	

FOR UNITED WAY USE ONLY		
Campaign Year	Envelope Number	
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CAMPAIGN REPORT

PA	RTIAL	FINAL

- 1. 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 Resource Development at RD@unitedwaynela.org
- Please list the names and amounts of all employees who gave \$500 or more on the enclosed Leadership Form or on the campaign spreadsheet.

Firm / Organization Name & Address				
Chief Executive Officer: Campaign Coordinator:				
Firm/Organization Name:	Firm/Organization Name: Telephone:		hone:	
Firm/Organization Address:		Date S	Submitted:	
CORPORATE GIFT		Annual Amount	FOR UNITED WAY USE ONLY	
1. Paid now		\$		
2. To be billed Monthly Quarterly		\$		
		\$		
3. SUB-TOTAL (Lines 1-2)				
EMPLOYEE GIFT	# of Donors			
4. Cash		\$		
5. Checks		\$		
6. Credit Cards		\$		
7. Direct Bill		\$		
8. Payroll Deduction Pledges: To be Billed Monthly Quarterly		\$		
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
Number of 1-hour givers	_ Specific Care Forms: ENCLOSED NONE
Number of 2-hour givers	_ Campaign Spreadsheet
Number of 1% givers	
	Accounting Dept. Contact Title Phone
Company Rep. Signature Title Phone	United Way NELA Staff Signature