

# CORPORATE/EMPLOYEE REPORT ENVELOPE



United Way  
of Southwest Alabama

218 St. Francis Street Mobile, AL 36602 • PO Drawer 89 - 36601  
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## COMPANY EMPLOYEE CAMPAIGN COORDINATOR

NAME \_\_\_\_\_  
PHONE# \_\_\_\_\_ E-MAIL \_\_\_\_\_

### UNITED WAY USE ONLY

Division \_\_\_\_\_ Batch \_\_\_\_\_ Cash \_\_\_\_\_  
Account # \_\_\_\_\_ Initials \_\_\_\_\_ Checks \_\_\_\_\_  
Envelope # \_\_\_\_\_ Date Posted \_\_\_\_\_ Total \$ \_\_\_\_\_  
Leadership \_\_\_\_\_ Designations \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

PLEASE USE THIS ENVELOPE TO REPORT DOLLARS THAT HAVE NOT BEEN PREVIOUSLY REPORTED.  
PLEASE ENCLOSE THE WHITE COPY OF THE UNITED WAY PLEDGE CARD IN THIS ENVELOPE.  
THE YELLOW COPY GOES TO YOUR PAYROLL OFFICE.

### ACCOUNT INFORMATION

COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

#### NUMBER OF EMPLOYEES

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ TOTAL \_\_\_\_\_

NUMBER OF PAY PERIODS \_\_\_\_\_

### BILLING INFORMATION

BILLING PERSON NAME \_\_\_\_\_ PHONE# \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT THAN ABOVE) \_\_\_\_\_  
\_\_\_\_\_

REPORT PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

IS THIS REPORT FINAL?  YES  NO

### CORPORATE GIFT

ANNUAL CORPORATE PLEDGE \$ \_\_\_\_\_

PLEDGE CARD IS ENCLOSED  CHECK IS ENCLOSED

FOR MORE INFORMATION ON OUR CORPORATE PLEDGE, PLEASE CONTACT:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

### EMPLOYEE GIFT

	NUMBER OF EMPLOYEES GIVING IN EACH CATEGORY	TOTAL ANNUAL AMOUNT CONTRIBUTED IN EACH CATEGORY
CASH & CHECKS		
CREDIT CARD PAYMENTS		
PAYROLL DEDUCTIONS		
DIRECT BILL		
<b>TOTAL</b>		

THANK YOU FOR LIVING UNITED!