

United Way of Norman Campaign Report

LIVE UNITED

2424 Springer Dr., Ste. 304
Norman, OK 73069
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unitedwaynorman.org

Company Name: _____

Total Number of Employees at Company: _____

1	Payroll Contact Name: _____	Email: _____	Phone: _____
	Payroll billing address: _____		
	City, State and Zip Code _____		
	Date that payroll deductions begin: _____		
	How many pay periods in your year: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52		
Pledge reminders will NOT be sent unless checked: <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____			

2	Employee Pledge Only			
	<input type="checkbox"/> FINAL report <input type="checkbox"/> PARTIAL report			
		# of Donors	Total Contributions	Amount Enclosed (must be completed)
	Fundraisers/Special Events		\$ _____	\$ _____
	Paid Contributions (enclose cash and checks)	_____	\$ _____	\$ _____
	Payroll Deductions..... (retain yellow copy of pledge card for payroll)	_____	\$ _____	_____
	Pledges to be Billed and/or Credit Card (considered unpaid until processing is complete)	_____	\$ _____	_____
TOTAL (do not include any previous report totals)	_____	\$ _____	\$ _____	

Pledged**Payment Enclosed****Balance Due**

3	Corporate Pledge Only	\$ _____	\$ _____	\$ _____
	We match our employees' contribution: <input type="checkbox"/> Dollar per Dollar <input type="checkbox"/> .50 per Dollar <input type="checkbox"/> Other: _____			
	Comments: _____			
	Corporate Pledge Contact Name: _____ Email: _____ Phone: _____			

4	Preparer's Printed Name: _____	Date: _____
	Preparer's Email: _____	
	Preparer's Signature: _____	Phone: _____

UNITED WAY USE ONLY

Staff Initials: _____ Date: _____