UWSM CAMPAIGN REPORT ENVELOPE

UNITED WAY OF SOUTH MISSISSIPPI 11975 SEAWAY ROAD, SUITE B 170 GULFPORT, MS 39503 PHONE: 228.896.2213 FAX: 228.896.2298 UNITEDWAYSM.ORG **United Way COMPANY/AGENCY NAME** of South Mississippi **UWSM OFFICE USE ONLY ADDRESS** ZIP CODE NAME (PERSON TO CALL IF UNITED WAY HAS QUESTIONS WITH THIS REPORT) PHONE NUMBER MOBILE **EMAIL** HOME TOTAL # OF LOCAL EMPLOYEES TOTAL # OF UNITED WAY CAMPAIGN VOLUNTEERS (EMPLOYEES WHO HELPED W/ CAMPAIGN) UNITED WAY OF SOUTH MISSISSIPPI HONORS CONFIDENTIALITY AND DOES NOT SHARE DONOR INFORMATION. PAYROLL DEDUCTION & CORPORATE BILLING SEND STATEMENTS FOR PAYROLL DEDUCTION AND CORPORATE PLEDGE TO: PAYROLL DEDUCTION WILL BEGIN ON: NAME DATE **BILLING METHOD:** ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS) DO NOT BILL MONTHLY (12) QUARTERLY OTHER CAMPAIGN RESULTS # OF DONORS **TOTAL ANNUAL** TYPE OF GIFT INSTRUCTIONS TOTAL AMOUNT ENCLOSED OR PLEDGED: **CORPORATE CORPORATE BALANCE DUE: \$ SPONSORSHIP SPECIAL EVENT** INDIVIDUAL GIFT **ENCLOSE TOP COPY. FORWARD YELLOW COPY** TO PAYROLL DEPARTMENT. GIVE BACK COPY **PAYROLL DEDUCTIONS** TO CONTRIBUTOR. **ENCLOSE TOP & YELLOW COPIES OF PLEDGE** CASH AND/OR CHECKS FORM. GIVE BACK COPY TO CONTRIBUTOR. TOTAL GIFT: TOTAL (SUM OF ALL LINES) THE CASH COLLECTED FROM THE COMPANY LISTED ON THIS ENVELOPE HAS BEEN COUNTED AND VERIFIED BY A REPRESENTATIVE OF **UWSM OFFICE USE ONLY** UNITED WAY OF SOUTH MISSISSIPPI AND THE COMPANY SIGNATURES AND TITLES BELOW REFLECT THIS ACTION FINAL REPORT _ COMPANY REP CASH/CHECKS VERIFIED INITIAL/DATE _ TITLE **ENVELOP RESULTS POSTED** INITIAL/DATE **UWSM REP DESIGNATION ENTERED** INITIAL/DATE **ACKNOWLEDGEMENT LETTER** INITIAL/DATE TITLE