

WORKPLACE CAMPAIGN REPORT



Heart of West Michigan
United Way

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Organization Campaign Coordinator (please print name)

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Email Phone

CAMPAIGN COORDINATOR INSTRUCTIONS

Include only completed pledge forms separated into the categories below. Please be sure to make copies of the pledge forms for your records. **Please do not separate cash/checks from employee pledge forms.** When completed, please schedule a time to review and finalize this report with your Account Manager.

EMPLOYEE PLEDGE TOTALS	Number of gifts	Total \$ amount
Payroll Deductions		
Credit Card		
Cash/Checks		
Direct Billing		
Securities / Stock Gifts		
Fundraising Events		
TOTALS		

INTERNAL USE ONLY

Account number _____ Summary only: Yes No

Third-party processor? Yes No If yes, who? _____

Is HWMUW responsible for paying designations? Yes No

Account Manager signature

Date