United Way of Kershaw County

2020 Campaign Report Form

**PLEASE COMPLETE THE ENTIRE FORM! CALL 432-0951 FOR HELP!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Campaign Dates:** |  | **Begin:** |  | **End:** |  |

|  |  |
| --- | --- |
| **Division:** |  |
| **Name of Business/Agency:** |  |
| **Address:** |  |
| **Contact Person:** |  |
| **Contact Person Telephone:** |  |

|  |  |
| --- | --- |
| **EMPLOYEE STATISTICS** | **Actual** |
| A. Total number of employees |  |
| B. Number of employee givers |  |
| C. Total # of Leadership Givers ($500+)*See attached form* |  |

**CAMPAIGN RESULTS**

|  |  |  |
| --- | --- | --- |
| 1. CASH | TOTAL | **$** |

|  |  |  |
| --- | --- | --- |
| 2. CHECKS | TOTAL | **$** |

|  |  |  |
| --- | --- | --- |
| 3. PAYROLL DEDUCTION | TOTAL | **$** |
| Date Payroll Deduction will begin: | | |
| Frequency of Payments: monthly quarterly other: | | |

|  |  |  |
| --- | --- | --- |
| 4. TO BE DIRECT BILLED  (*Enclose signed pledge cards with billing addresses)* | TOTAL | **$** |

|  |  |
| --- | --- |
| 5. TOTAL EMPLOYEE CONTRIBUTION (1+2+3+4) | **$** |

|  |  |  |
| --- | --- | --- |
| 6. **Corporate Contribution** | TOTAL | **$** |

|  |
| --- |
| Billing name |
| Billing address |
| Billing date |

|  |  |  |
| --- | --- | --- |
| 7. TOTAL DONATION (5 + 6) |  | **$** |

|  |
| --- |
| 8. DESIGNATIONS (***Include in totals above***)  Attach a list of designations divided into the following categories  A. United Way Partner Agencies  B. Other United Ways |

|  |  |
| --- | --- |
| Name of person who will remit payroll deductions to United Way |  |
| Person completing this report |  |
| Date of report |  |

**Mail to: United Way, P.O. Box 737, Camden, SC 29021**

**PHONE: 432-0951 OR 425-8533**

**For additional forms and/or information refer to our website: www.uwkc.net**