

Date Returned:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United Way Volunteer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CAMPAIGN ENVELOPE

# P.O. Box 1465 | Mason City, Iowa 50402

Tel. 641-423-1774

**BUSINESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUSINESS CONTACT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Who do we call with questions?)

**TOTAL # OF EMPLOYEES =**

**BILLING INFORMATION**

PAYROLL

 [ ]  Bill us monthly for payroll

 [ ]  Bill us quarterly for payroll

 [ ]  No bills please

CORPORATE

 [ ]  Bill us monthly

 [ ]  Bill us quarterly

 [ ]  No bills please

Special Billing Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL # OF PAY PERIODS**

 [ ]  Weekly [ ]  Semi-monthly (1st & 15th)

 Remember to make a copy of the pledge card for your records. Please return any unused materials.

Questions? Please call us 641-423-1774

 [ ]  26 pay periods (every other week) [ ]  Monthly

|  |  |  |
| --- | --- | --- |
| **CORPORATE GIVING REPORT** |  |  |
|  |  **TOTAL PLEDGE =** |  **PAYMENT ENCLOSED +** | **AMOUNT DUE** |
|  **CORPORATE GIFT**  Enclose corporate pledge card |   |   |   |
|  |  |  |  |  |
| **EMPLOYEE GIVING REPORT** |  |  |
|  **# OF GIFTS** |  **TOTAL PLEDGE =** |  **PAYMENT ENCLOSED +** | **AMOUNT DUE** |
|  **FULLY PAID GIFTS**  Enclose cash/checks with pledge cards |   |   |   |   |
|  **PAYROLL DEDUCTION PLEDGES**  Pledge cards enclosed |   |   |   |   |
|  **PLEDGES TO BE** **BILLED**  Enclose pledge cards & partial payments |   |   |   |   |
|  **TOTAL EMPLOYEE CAMPAIGN =** |   |   |   |   |
|  **TOTAL CAMPAIGN**  Employee + Corporate = |   |   |   |   |