

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 = |  |  |  |  |