

Envelope Type

WP
 A/R
 Misc.
 Adj.
 Gift in Kind
 Grant

For United Way Use Only



United Way of the National Capital Area
UnitedWayNCA.org

Campaign Report Envelope

United Way of the National Capital Area
8614 Westwood Center Drive, Suite 300, Vienna, VA 22182

NOTE: Interim, partial reports enable the United Way Campaign to help you keep records and track campaign progress.

ACCOUNT NUMBER: _____

COMPANY / ORGANIZATION: _____

ADDRESS: _____

IMPORTANT INSTRUCTIONS

ENCLOSE IN THIS ENVELOPE: Fully paid contributions, checks and credit card requests. United Way copy of all pledge forms. Your company's/organization's pledge/designation forms (if United Way pledge forms are not used).

DO NOT ENCLOSE IN THIS ENVELOPE: Cash in any form (paper or coins).

FORWARDING INFORMATION:
Standard Envelopes: Mail or Deliver Signed, Sealed Envelopes Directly
To: United Way of the National Capital Area
8614 Westwood Center Drive, Suite 300
Vienna, VA 22182

Questions:

Please cross out any incorrect company / address information on the line.

All information on this report should reconcile with your Pledge Forms.

Please enclose **Pledge Forms** for accounting purposes, all pledge forms must be enclosed.

PARTIAL REPORT
 FINAL REPORT
 ADDITIONAL REPORT

| | # OF GIVERS | PLEDGES/PAYMENTS \$ | ENCLOSED PAYMENTS \$ |
|---|-----------------------------|---------------------|----------------------|
| Triplicate Forms: Send yellow copy of pledge form to United Way. Send white copy to YOUR payroll department. Non-Triplicate Forms: Send original copy of pledge form to United Way. Send copy to YOUR payroll department. | PAYROLL CONTRIBUTION | | |
| Checks, credit card charges, direct bill. Please PAPER CLIP checks to pledge cards. | | | |
| Please enclose Corporate Pledge Card or Corporate Grant. | CORPORATE GIFT | | |
| Please enclose supporting documentation. | GIFT IN KIND | | |
| Make checks payable to United Way. | SPECIAL EVENTS | | |
| | TOTALS | | |

File # _____

| | |
|---------------------------------------|--|
| Total # of Employees in Organization: | |
|---------------------------------------|--|

Date: _____

ECC (Employee Campaign Coordinator) Information:

Preparer's Signature: _____

Name: _____

Preparer's Name: _____

Phone: _____

Preparer's Phone: _____

Email: _____

Preparer's Email: _____

| FOR UNITED WAY USE ONLY | | | | |
|-------------------------|----------------|-------------------|----------------|---------------|
| CASHIER / DATE | AUDITOR / DATE | DATA ENTRY / DATE | PROOFER / DATE | CLOSED / DATE |
| | | | | |

PLEASE MAKE A COPY FOR YOUR RECORDS