



WORKPLACE GIVING CAMPAIGN ENVELOPE

Include only those employee and corporate contributions that have not previously been submitted.

Partial Report (mark if employees also used a paperless giving option) **Final Report**

Company/ Organization Name _____

Address _____

ECM* Name _____ Phone _____ Email _____

*Employee Campaign Manager

Envelope Preparer's Name _____ Phone _____ Email _____
(if different than ECM)

Preparer's Signature _____ **Date** _____

UWRCC Rep's Signature _____ **Date** _____

Payroll Contact _____ Phone _____ Email _____
(if different than ECM)

Number of Employees _____ Number of pay periods per year _____

Corporate Giving and Employee Pledge Summary
Does your organization match employee contributions? _____ Match Formula: Dollar for Dollar or Other _____

Does your organization provide a corporate gift (not matching funds)? _____

How will your organization remit corporate gift and/or matching funds? _____

How will your organization remit payroll deductions? _____

TYPE OF CONTRIBUTIONS	NUMBER OF INVESTORS	TOTALS	UW USE ONLY INITIAL FINANCE AUDIT	UW USE ONLY FINAL FINANCE AUDIT
Employee payroll	# of employees	Total payroll deductions		
Cash	# of employees	Total cash		
Check	# of employees	Total check		
Credit card	# of employees	Total credit cards		
TOTAL INVESTMENT Payroll + cash + check + credit card	# of employees	Total amount		
Corporate Gift (not matching funds)	N/A	Total		
Corporate Match	N/A	Total		
Special Events				
Cash	N/A	Total cash		
Check	# of checks	Total check		
Credit card	# of credit cards	Total credit cards		
Special Events Totals cash + check + credit card	# of investors	Total amount		
ENVELOPE TOTAL AMOUNT Employee contributions + Corporate gift + Matching funds + Special events	# of investors	TOTAL AMOUNT		

UWRCC USE ONLY
Receipt Given to ECM _____

UWRCC USE ONLY
Account Number _____

FOR UW USE ONLY
 CAMPAIGN YEAR: _____
 ENVELOPE NUMBER: _____
 ADJ NUMBER: _____
 MATCH: _____