



Workplace Report Envelope

Workplace Coordinator Information

Please provide your contact information below:

Name: _____

Phone: _____

Email: _____

UNITED WAY USE ONLY	
Envelope #	_____
Date Rec'd	_____
Audited by	_____

Please make corrections to the information above as needed, including number of employees.

Please complete items **1** through **4**

1 Gift Information

Final envelope **OR** Additional envelope(s) is/are coming

Type of Contribution	# of Donors	Total Amt. Pledged	Payment Enclosed
A Corporate Gift			
B Cash & Checks			
C Credit Cards/Direct Bills			
D Payroll Deduction			
E Totals (Add lines B thru D)			
F Special Events/Other			
G Grand Total (Add lines A, E & F)			

3 Checklist: All items completed on checklist printed on back of envelope.

4 Workplace Contacts

Envelope Completed By _____

Phone _____

Payroll Office Contact _____

Phone _____

Authorized Signature _____

Title _____

Date _____

NOTE: When envelope is complete, please contact United Way Blackhawk Region at (608) 314-8421 to arrange for pick-up.

Thank you!

2 Payment Information

A. Corporate Gift (Item 1A) If not enclosed...

Payment(s) will be made: _____

B. Payroll Deduction (Item 1D)

Payment(s) will be made: _____

LIVE UNITED



United Way Blackhawk Region

Drop-off location:

205 N. Main St., Suite 101
Janesville, WI 53545



LiveUnitedBR.org

Please enclose ALL completed pledge forms.