



Company Name: _____

DO NOT INCLUDE PREVIOUSLY REPORTED AMOUNTS

	Instructions	No. of Donors	Total Pledges	Total Gift	Cash & Checks Enclosed
Payroll Deduction	Enclose copies of each pledge card. Pledge cards MUST be signed by employees.				
Continuous Payroll Deductions	Enclose a list with the name and gift amount of employees who will be continuing their current payroll deduction and will not be completing a new pledge card.				
Bill Me Gifts	Enclose copies of each pledge card. Pledge cards MUST be signed by employees.				
Cash or Checks Only	Enclose cash or checks with copies of BOTH sides of corresponding pledge cards.				
Special Events	Enclose money from special events at your company. Example "Jeans Day"	List special events:			
Corporate Gift	Enclose signed corporate pledge card.				
Total of all Gifts					

Number of Employees: Full Time _____ + Part Time _____ = Total _____

Send statements for payroll deduction to:

Attn: _____

Address: _____

Frequency of billing: _____ Monthly _____ Quarterly

Month to receive first statement: _____

Report completed by: _____

(Print Name)

Title: _____

Signature: _____

Date: _____

For Salina Area United Way Accounting Use

Face Sheet Input _____ Date ____/____/____ Envelope # _____

Completed forms can be **mailed** or **delivered** to the Salina Area United Way office or emailed to **sauw@unitedwaysalina.org**. No goods or services in return for this gift.