

Campaign Report



United Way
of Yellowstone County

Date: _____

Company/Organization _____

Address _____ City _____ Zip Code _____

Email address _____

Phone # _____

Preparer's Name _____

Preparer's Phone # _____

Preparer's Signature _____

Payment Information

Date you will begin withholdings for the Payroll Deduction Pledges: *mm/dd/yy* _____

Number of pay periods in 1 year: 24 Weeks___ 26 Weeks___ 52 Weeks___

How will your company remit Payroll Deduction: Bi-Weekly___ Monthly___ Quarterly___

Payment Via:

Please Check One: Check___ ACH ___ 3rd Party Processor ___

Expected date of first payment: *mm/dd/yy* _____

Payroll department Contact Name _____ Phone # _____ Email address _____

Employee Giving	Total Contribution	Number of Donors	Verification (<i>internal use</i>)
Employee Payroll Deductions	\$ _____	# _____	_____
Check	\$ _____	# _____	_____
Cash	\$ _____	# _____	_____
Credit Card	\$ _____	# _____	_____
Cash App	\$ _____	# _____	_____
Special Event (<i>bake sale, jeans day, etc.</i>)	\$ _____	# _____	_____
Total Employee Giving	\$ _____	# _____	_____

Corporate Giving	Total Contribution
Corporate Gift	\$ _____
Corporate Match (what ratio)___%	\$ _____
Grant	\$ _____
Sponsorship	\$ _____
Total Corporate Giving	\$ _____

Thank you from the many people who benefit from your generosity!

Please Return To: United Way of Yellowstone County 2173 Overland Ave. Billings, MT 59102 or
Email: campaign@uwyellowstone.org