

CAMPAIGN REPORT FORM

Please make copies of pledge forms for your files and return all originals to Berkshire United Way. Drop off at 200 South Street, Pittsfield, or call 413-442-6948 to schedule pick-up.

COMPANY INFORMATION	EMPLOYEE CAMPAIGN COORDINATOR
Company Name:	Name:
Department/Branch:	Phone:
# Of Employees:	Email:
Street Address:	Fax:
City, State, Zip:	

PLEDGES	# OF DONORS	AMOUNT PLEDGED	AMOUNT PAID
Employee Payroll Deductions		\$	—
Employee Direct Bill		\$	—
Employee Cash		\$	\$
Employee Checks		\$	\$
Employee Credit Cards		\$	\$
Special Events Cash	—	\$	\$
Special Events Checks	—	\$	\$
Corporate Pledge	—	\$	\$
TOTALS		\$	\$
Please send Corporate Billing Reminders:	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Monthly
Please send Employee Billing Reminders:	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Monthly
Have you made copies of this report for your records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you reviewed pledge forms for missing information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Have you made copies of the pledge forms for your records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Authorization: the information on the face of this envelope is accurate to the best of my knowledge. I have verified the contents of this envelope and Berkshire United Way is authorized to issue statements in these amounts.

YOUR SIGNATURE _____ **BERKSHIRE UNITED WAY SIGNATURE** _____

For Berkshire United Way Use Only—Envelope # _____

