

WORKPLACE CAMPAIGN SET UP FORM

COMPANY INFORMATION		EMPLOYEE CAMPAIGN COORDINATOR	
Company Name:		Name:	
Number of Employees:		Email:	
Company Address:		Phone:	
		Preferred Method of Communication Email Phone	
CAMPAIGN INFORMATION			
Campaign Start Date	Estimated Campaign Length 1 week 2 weeks other _____	Pledge Form Format Paper Digital Hybrid	
What kind of support would you prefer from BUW staff during your campaign? High level: In-person meetings, presentations from BUW staff, other event support Mid-level: Zoom planning meetings, support from BUW staff at some events/presentations Low level: Possible planning meetings, little to no BUW staff support during campaign start week			
Would you be interested in attending drop-in hours for additional campaign training/info? Yes No			
What is your goal for the 2025-26 Campaign (can be a monetary amount, number of donors, etc.)?			
If you are a returning ECC, what advice would you give to a first-year ECC to run a successful campaign?			
What else can BUW do to best support you and your company's campaign?			

Contact

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