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 Liz Barnard at 413-442-6948 x16 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:	☐Quarterly	☐Semi-Annually	☐Monthly
Please send Employee Billing Reminders:	☐Quarterly	☐Semi-Annually	☐Monthly
Have you made copies of this report for your records?	☐Yes	☐No	
Have you reviewed pledge forms for missing information?	☐Yes	☐No	☐Not Applicable
Have you made copies of the pledge forms for your records?	☐Yes	☐No	☐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 # _____

Berkshire UNITED WAY