EMPLOYEE GIVING CAMPAIGN 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	Pledge Form Format
	☐ 1 week ☐ 2 weeks other _____	☐ 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 this year's 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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Berkshire UNITED WAY