

CAMPAIGN REPORTING ENVELOPE

Please complete all sections in full.



1

COMPANY INFORMATION (PLEASE PRINT)

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Number of Employees: _____
Number of payroll deductions per year (Check all that apply): 12 24 26 52 Other _____
Our company allows employees to choose alternate number of deductions: Yes No

2

COMPANY CONTACT INFORMATION

Employee Campaign Coordinator: _____
Phone: (____) _____ Ext: _____ Email: _____
Signature: _____ Date: _____
Payroll Contact: _____ Phone: (____) _____ Ext: _____
Email: _____ **Payroll Deduction Start Date: _____**
(Required)

3

EMPLOYEE PLEDGES IN THIS ENVELOPE

| | Number of Donors | Total Amount | Billing start date for payroll deduction: _____ |
|--------------------------------------|------------------|--------------|--|
| Payroll Deduction: _____ | _____ | \$ _____ | <input type="checkbox"/> One-Time <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
| Cash: _____ | _____ | \$ _____ | |
| Check: _____ | _____ | \$ _____ | Billing Address: _____ |
| Credit Card Now: _____ | _____ | \$ _____ | _____ |
| Credit Card Later: _____ | _____ | \$ _____ | City: _____ State: _____ Zip: _____ |
| Bill Me: _____ | _____ | \$ _____ | |
| Special Event: _____ N/A _____ | _____ | \$ _____ | |
| Total Employee Pledges: _____ | _____ | \$ _____ | <input type="checkbox"/> This envelope contains non-Lancaster County pledge forms |

4

CORPORATE PLEDGE

\$ _____ **(SIGNED CORPORATE PLEDGE FORM REQUIRED)**

Corporate pledge form enclosed Corporate pledge form previously submitted
 Payment enclosed Payment already sent Payment will be sent at a later date
 Bill us for corporate pledge: Start Date: _____ One-Time Semi-Annually Quarterly Monthly
Billing Address: _____ City: _____ State: _____ Zip: _____