

United Way Staff
 Please do not mail. Call 321-631-2740 for pick up.



Organizational Information

Reporting Contact

Organization _____

Name _____

ECM Name _____

Email _____

ECM Email _____

Phone _____

How many employees do you have?

Organizational Giving Summary

Do not include previously reported pledges in this report envelope.

	# of Donors	Total Pledges	Total Payment Enclosed
A. Corporate Giving			
1. Cash			
2. Checks			
Total A (A1+A2)			
B. Employee Giving			
1. Cash			
2. Checks			
3. Credit Cards			
4. To Be Billed			
5. Payroll Deductions			
Total B (B1+B2+B3+B4+B5)			
C. Special Events			
1. Cash			
2. Checks			
Total C (C1+C2)			
Total Giving Summary (A+B+C)			

Submitted by _____

Date _____

Email _____

Title _____

Company Representative Signature _____