

# United Way Pledge Report Form

Please complete a Pledge Report Form whenever turning in cash, check, or pledge cards to United Way of Central Kentucky. When possible, please attach a spreadsheet or payroll report that lists each employees contribution and overall workplace campaign total. You may also visit Campaign Central at [www.unitedwayck.org](http://www.unitedwayck.org) to use the Workplace Campaign Data Calculator.

Company Name: \_\_\_\_\_

Please list your organization's name as you would like to be publicly recognized.

Employee Campaign Manager (ECM): \_\_\_\_\_

ECM Email Address: \_\_\_\_\_

ECM Phone Number: \_\_\_\_\_

Billing POC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Preference (Monthly, Quarterly, etc.): \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_



**United Way of  
Central Kentucky**

## Corporate Gift Information

Amount: \$ \_\_\_\_\_

Check (Attached)     Please Invoice

Billing Preference:

Monthly     Quarterly     Other: \_\_\_\_\_

## Employee & Special Event Contributions

Please count all cash/checks before contacting a United Way Representative to verify totals, as all contributions require multiple layers of verification. Thank you for helping us ensure the safety of donor dollars.

Total number of employees who gave Cash:		Total amount of Cash enclosed:	\$
Total number of employees who gave by Check:		Total amount of Checks enclosed:	\$
Total number of employees who selected Bill Me:		Total amount to be Billed:	\$
Total number of employees who gave through Payroll Deduction:		Total amount of Payroll Deduction pledges:	\$
Name of Special Event:		Total amount of Special Event cash and checks enclosed:	\$
Total Number of Donors:		Total Employee Contribution:	\$

ECM/CEO Signature:		Date:
United Way Representative Signature:		Date:
United Way Staff Signature:		Date: