



Workplace Giving Envelope Checklist for Ambassadors

Prepare Envelope Contents

Separate donation payment types:

- **CASH** – **one pile each** for Employee Contributions and Special Events
- **CHECKS** – **one pile each** for Employee Contributions, Special Events and Corporate Contributions
- **CREDIT CARDS** – be sure the following is completely filled out:
 - Card number
 - Expiration Date
 - Full address
 - Signature
- **PLEDGE FORMS** – each donation should have a Pledge Form (except for Special Events donations). Be sure the following is completely filled out:
 - Full address
 - Signature
- **PAYROLL DEDUCTIONS** – You (the Ambassador) are responsible for making **copies of all Payroll Deduction Pledge Forms** and providing these to your company payroll department. Include originals in envelope. Be sure the following is completely filled out:
 - Number of paychecks affected
 - Amount deducted from each paycheck
 - Amount of total gift

Complete Envelope Form

- **Section 1** – handwritten, stamp or label is fine
- **Section 2** – this section is required if there are Payroll Deductions
- **Section 3** – **do not** include online pledges or previously reported pledges **unless** an employee makes a pledge via the online tool and **cash/check is placed in the envelope**

Assemble Envelope

- Bundle all payments by section, place the contents in an envelope and completely seal the envelope. Feel free to attach notes to any pledge forms or bundles that you feel may need additional clarification.
- If there is cash, please contact your Loaned Executive to arrange a pickup. If there's not cash, please sign your name across the seal and mail the envelope to:

United Performing Arts Fund
301 W. Wisconsin Ave, Ste 600
Milwaukee, WI 53203

Thank you for serving as a UPAF Workplace Giving Ambassador! If you have any questions about the envelope process, please call the UPAF office at 414-273-UPAF (8723).



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I WOULD LIKE TO MAKE A GIFT OF:

PAYROLL DEDUCTION

Amount per pay period: \$5.00 \$10.00
 \$25.00 Other _____

OR

Deduct: \$ _____ x _____ pay periods

Name: _____

Address: _____

City, St. Zip: _____

I want to be a member of Next Generation UPAF (age 45 and under and gift of \$500 or more).

Renew my membership or designate my new or increased gift of \$1,000 or more to UPAF Notable Women.

Please waive my UPAF benefits.

Cell Home Work

Preferred Phone _____

Preferred Email (Required to receive full donor benefits.) _____

MWPG19

Check enclosed, made payable to UPAF

Credit Card Visa MasterCard Discover AmEx

Card # _____ Exp. Date _____

Charge this amount one time: \$ _____

OR

Charge \$ _____ monthly x _____ months: \$ _____
First of the month, maximum 12 months, \$10 total gift minimum.

Bill me (\$10 total gift minimum):

Monthly End of year \$ _____
Balance due end of calendar year. Address required.

MY TOTAL UPAF GIFT: \$ _____

Signature _____ Date _____

UPAF is a nonprofit 501(c)(3) organization. Your payment to UPAF is deductible to the fullest extent allowed by the law. Consult your tax advisor to determine the deductibility of your payment. 301 W. Wisconsin Ave., Suite 600, Milwaukee, WI 53203 | 414-273-UPAF (8723) | www.UPAF.org

Pledge Form Checklist

___ Complete address and contact info

___ Is it a payroll deduction? If yes, write number of pay periods.

___ Is it credit card payment? If yes, write number and expiration date

2020

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___ Section 1 – handwritten, stamp or label is fine

___ Section 2 – this section is required if there are Payroll Deductions

___ Section 3 – do not include online pledges or previously reported pledges **unless** an employee makes a pledge via the online tool and **cash/check is placed in the envelope**

___ Bundle all payments by section, place the contents in envelope and completely seal the envelope

___ Sign your name across the seal

___ Arrange for pickup or Mail envelope

Have a great day! 😊

UNITED PERFORMING ARTS FUND Workplace Giving Report Envelope		Office Use Only Account # _____ Picked up by _____ Envelope # _____ Date Entered _____ <input type="checkbox"/> Online <input type="checkbox"/> Partial <input type="checkbox"/> Final	
Please call the UPAF Operations department at (414) 273-8723 or email eghelp@upaf.org if you have any questions.			
1 Campaign Information Company _____ Address _____ City _____ State _____ Zip _____	2 Payroll Information* Name of Payroll Contact _____ Email _____ Phone _____ Date payroll deductions will begin _____ Payments will be made <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ <small>*Required if offering payroll deduction</small>		
3 Envelope Contents: Please report ONLY contributions that are enclosed in this envelope. Do not include previously reported pledges or online pledges.			
		# of Donors	Dollars
Cash	Employee Contributions		\$
	Special Events	N/A	\$
Checks (Match each check to corresponding pledge card. No staples.)	Employee Contributions		\$
	Special Events	N/A	\$
	Corporate Contribution	N/A	\$
Credit Cards (Please be sure pledge cards are completed & signed.)			\$
Pledges to be Billed (Pledge card must include address info.)			\$
Payroll Deduction (Please make copies of PD cards. Send the originals to UPAF and provide copies to your payroll department.)			\$
TOTAL			\$

Report Completed By: _____ Date: _____
Print Name

Email: _____ Phone: _____

Signature: _____