



UNITEDPERFORMINGARTSFUND

Workplace Giving Report Envelope

Office Use Only

Account # _____
Picked up by _____
Envelope # _____
Date Entered _____

Online Partial 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 Quarterly Monthly Other

*Required if offering payroll deduction

3 Envelope Contents:

Please report ONLY contributions that are enclosed in this envelope. Do not include previously reported pledges or online pledges.

Table with 4 columns: Category, Description, # of Donors, Dollars. Rows include Cash, Checks, Credit Cards, Pledges to be Billed, Payroll Deduction, and TOTAL.

Report Completed By: _____ Date: _____
Print Name

Email: _____ Phone: _____

Signature: _____