



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.

		# of Donors	Dollars
<b>Cash</b>	Employee Contributions		\$
	Special Events	N/A	\$
<b>Checks</b> (Match each check to corresponding pledge card. No staples.)	Employee Contributions		\$
	Special Events	N/A	\$
	Corporate Contribution	N/A	\$
<b>Credit Cards</b> (Please be sure pledge cards are completed & signed.)			\$
<b>Pledges to be Billed</b> (Pledge card must include address info.)			\$
<b>Payroll Deduction</b> (Please make copies of PD cards. Send the originals to UPAF and provide copies to your payroll department.)			\$
<b>TOTAL</b>			\$

Report Completed By: \_\_\_\_\_  
*Print Name*

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_