

Workplace Giving Report Envelope

Office Use Only						
Account #						
Picked up by						
Envelope #						
Date Entered						
Onlin	ne	Partial	Final			

Please call the UPAF Operations department at (414) 273-8723 or email eghelp@upaf.org if you have any questions.							
Ticase can the OTAL Operations department at (414) 275-0723 of email eghelp@upai.org if you have any questions.							
1 Campaign Information		2 Payroll Information*					
Company		Name of Payroll Contact					
Address		Email					
City		Phone					
State		Date payroll deductions will begin					
Zip		Payments will be made Quarterly Monthly					
		Other					
		*Required if offering payroll deduction					
Disease report CNIV contributions that are analysed in this any plans							
3 Envelope Contents: Please report ONLY contributions that are enclosed in this envelope. Do not include previously reported pledges or online pledges.							
		ı	# 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	One-Time			\$			
(Please be sure pledge cards are completed & signed.)	Sustaining (Please enter the dollar amount to charge per month.)			\$			
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:							
Email: Phone:							
Signature:							