UNITEDPERFORMINGARTSFUND Workplace Giving Report Envelope		Picked up Envelope # Date Enter	#	-
Please call the UPAF Operations department at (414) 273-8723 or email eghelp@upaf.org if you have any questions.				
1 Campaign Information		2 Payroll Information*		
CompanyAddressCityStateZip		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.				
	I		# 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.)	One-Time 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:

 Print Name
 Date:

Email: _____ Phone: _____

Signature: _____