



UNITEDPERFORMINGARTSFUND

Workplace Giving Envelope Checklist for Ambassadors

1. 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** – one pile each for One-time & Sustaining. Be sure the following are complete:
 - 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 are complete:
 - 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 are complete:
 - Number of paychecks affected
 - Amount deducted from each paycheck
 - Amount of total gift

2. 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*

3. Assemble Envelope

- Bundle all payments by section, place the contents in an envelope, include completed envelope form 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 Campaign Coordinator 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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Workplace Giving Envelope Checklist for Ambassadors



YES, I WILL HELP LOCAL ARTISTS AND ARTS GROUPS!
Donate at UPAF.org/donate or fill out & return this form.

Name: _____
 Address: _____
 City, St, Zip: _____
 Phone: _____ Cell Home Work
 Email: _____
 (Email address required to receive full donor benefits.)

With my gift of \$1,200 to \$4,999, please designate 10% to (choose 1):
 UPAF Bright Minds UPAF Connect Kasey's Fund

With my gift of \$5,000+, please designate 20% to (choose 1):
 UPAF Bright Minds UPAF Connect Kasey's Fund

Member or Affiliate:
 I am in my 20s, 30s or 40s and would like to be a part of Next Generation UPAF with my gift of \$350+.

I would like to be a member of UPAF Notable Women with my gift of \$1,200+.

I would like to learn about Planned Giving through my estate.

Please waive my UPAF benefits.

Company Name Here -- MWPG24

Please choose your gift type:
 One-Time Gift (charged at time of receipt)
 \$75 \$150 \$350 \$600 \$1,200 \$_____

Sustaining Monthly Gift (charged to your credit card each month)
 \$6 \$12 \$29 \$50 \$100 \$_____ per month

Payroll Deduction (deducted from your paycheck by your company's payroll dept.)
 \$_____ for _____ pay periods = \$_____ total

Please choose one of the following payment methods:
 CHECK enclosed, made payable to UPAF
 CREDIT CARD Visa MasterCard Discover AmEx

Card #: _____
 Exp. Date: _____ CVV Code (on back of card): _____

BILL ME BY MAIL (\$10 total gift minimum) Monthly End of Year
 Balance due end of calendar year. Address required.

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

Workplace Giving Envelope Checklist

___ 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! 😊

 UNITEDPERFORMINGARTSFUND 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	2 Payroll Information*
Company _____ Address _____ City _____ State _____ Zip _____	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 _____ *Required if offering payroll deduction

3 Envelope Contents: <small>Please report ONLY contributions that are enclosed in this envelope. Do not include previously reported pledges or online pledges.</small>			
		# of Donors	Dollars
Cash	Employee Contributions		\$
	Special Events	N/A	\$
Checks <small>(Match each check to corresponding pledge card. No staples.)</small>	Employee Contributions		\$
	Special Events	N/A	\$
	Corporate Contribution	N/A	\$
Credit Cards <small>(Please be sure pledge cards are completed & signed.)</small>	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

Email: _____ Phone: _____

Signature: _____