

CAMPAIGN REPORT SUMMARY



**United Way of Youngstown
and the Mahoning Valley**

Please fill out this form completely. It is important for audit purposes and for the efficiency of the campaign. Upon completion of the campaign, enclose copies of all completed pledge forms and all gifts of cash and checks. Please return any unused campaign materials to the United Way office or call us for pickup. Thank you so much for helping to coordinate this project. Know your efforts are going a long way toward improving lives right here in the Mahoning Valley!

www.ymvunitedway.org
255 Watt Street
Youngstown, OH 44505
330.746.8494
Fax: 330.746.4525

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Campaign Coordinator Name: _____
Campaign Coordinator Signature: _____ Date: _____

Number of Employees: _____
Number of Employee Donors: _____
Telephone: _____
Email: _____
Payroll Coordinator Name: _____

DONATION METHOD	NUMBER OF PLEDGES	TOTAL AMOUNT PLEDGED	TOTAL AMOUNT ENCLOSED	BALANCE TO BE PAID
Payroll Deduction				
One-Time Cash				
One-Time Check				
Billed Pledge				
Credit Card Pledge				
Campaign Fundraisers				
Corporate Gift				
GRAND TOTAL				

Payment of Balance will be paid:

____ Monthly
____ Quarterly
____ Please Invoice

Payroll Cycle:

____ 12 ____ 52
____ 24 ____ Other
____ 26

Authorized Signature:

Does your company allow new hires to enroll in payroll deduction for United Way throughout the year?

____ Yes ____ No

THANK YOU FOR YOUR SUPPORT OF UNITED WAY!