

**United Way Suncoast**

Manatee Area Office  
4215 Concept Court  
Bradenton, FL 34211  
Telephone: 941-748-1313

Sarasota Area Office  
1800 2nd Street, Suite 102  
Sarasota, FL 34236  
Telephone: 941-366-2686

Tampa Bay Area Office  
5201 West Kennedy Blvd., Suite 600  
Tampa, FL 33609  
Telephone: 813-274-0900

[unitedwaysuncoast.org](http://unitedwaysuncoast.org)

Organization Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corporate Billing Address

Please include if corporate and employee gifts  
are to be billed to separate addresses.

\_\_\_\_\_

Payroll Start Date/End Date \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

Coordinator Name \_\_\_\_\_

Telephone # \_\_\_\_\_

# CAMPAIGN REPORT FORM

Do Not Mail This Envelope

Call your United Way Representative for pick-up.



**United Way Suncoast**

Envelope # \_\_\_\_ of \_\_\_\_

*Please limit to 50 pledge cards per envelope.*

For United Way Processing Only		
Account #	Status	<b>Deposit Summary</b>
Envelope #		
File #		\$ <b>Cash</b>
Deposit Date		\$ <b>Checks</b>
Auditor	Date	\$ <b>Total</b>
Data Entry	Date	
Final Review & Close	Date	

Campaign Area \_\_\_\_\_

Campaign Year \_\_\_\_\_

NOTE: Have you included a list of email addresses for donors? Donors say that receiving email from United Way is the #1 way they want to be thanked and receive periodic updates on how their donation is helping change lives in the community.

**EMPLOYEE DONATIONS ENCLOSED** (Please do not include previously reported information.)

Campaign Summary	# of Donors	Total Pledges	Actual \$ Enclosed
<b>CORPORATE GIFT</b>			
Bill ____ monthly ____ quarterly ____ one-time _____ billing start date			
Fully Paid (check enclosed in envelope)			
<b>EMPLOYEE CONTRIBUTIONS</b>			
1. Employee / Individual Fully Paid (checks must be made payable to United Way)			
2. Credit Cards			
3. Stock			
4. Bill at Residence			
SUBTOTAL NON-PAYROLL ITEMS (add employee contributions lines 1 thru 4)			
PAYROLL DEDUCTION			
<b>TOTAL EMPLOYEE CONTRIBUTIONS</b> (subtotal non-payroll items + payroll deduction)			
<b>SPECIAL EVENTS</b>			
<b>REPORT TOTALS</b> (add columns from top-to-bottom)			

Workplace Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

United Way Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_