



2019 Workplace Campaign Envelope Summary

Phone: (519) 888-6100 • Regular Office Hours: Monday-Friday 8:30-4:30
 50 Sportsworld Crossing Rd. (East Building), Suite 220, Kitchener, ON, N2P 0A4

Organization Information:

Account Name:		UW Internal Account #:	
Address:	City:	Postal Code:	
Employee Campaign Manager (ECM) Name:			
Phone (ECM):		Email (ECM):	

Envelope Prepared by:

Print Name (1):	Phone:	Initials:
Print Name (2):	Phone:	Initials:

Campaign Submission Instructions:

- All pledge forms to be completed in full, signed by the donor, and included in package.
 - Donation amounts on pledge forms should match with the corresponding cheque(s). All cheques are affixed to the top of the corresponding pledge form and are made payable to "United Way Waterloo Region Communities".
 - Print your name(s) and initials to note that you have prepared the envelope.
 - Complete Contribution Summary below.
 - *Special event and corporate gift totals to be indicated in Corporate Contribution section only.*
 Provided corporate pledge confirmation and/or corporate match information.
 - Provide a current number of total employees at your workplace.
- Envelopes that only contain payroll donations can be mailed to us. **Do not mail cash.**
 Please contact your United Way staff partner to arrange for a pick-up date and time.*

CONTRIBUTION SUMMARY

Corporate & Special Events

Donation Type	Total Amount (\$)	Corporate Pledge Summary	
Corporate Gift (Cheque enclosed.)		Is your pledge confirmed?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Special Events (Cheque preferred.)		Is it a corporate match?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____

Employee Giving (Please do not include corporate or special events in this section.)

Donation Type	# Donors	Total Amount (\$)	Donation Type	# Donors	Total Amount
Payroll Deductions			Visa		
Cash			MasterCard		
Cheques			AMEX		

EMPLOYEE TOTAL: \$ _____

ENVELOPE TOTAL: \$ _____

PLEASE PROVIDE:

Will employee payroll deduction be recorded on T4 slips? Yes No *(require payroll receipts)*

Total Number of Employees : _____

FOR UNITED WAY USE ONLY:

Received by: Initials: _____ Date: _____	Verified by: Initials: _____ Date: _____ Initials: _____ Date: _____	Entered into Andar by: Initials: _____ Date: _____
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United Way Admin Use Only: _____ Envelope # _____