

Your Name _____
 Phone _____
 Date _____



Final Report

Please fax or mail this completed report to the United Way office as soon as possible.

The purpose of this report is to confirm the results of your campaign and to give your company and volunteers appropriate recognition. Please complete all relevant fields. If you have any questions, contact our office at 815-363-1377 or info@uwmchenry.org. Keep yellow copy for your records.

A. ORGANIZATION NAME _____

B. TOTAL NUMBER OF EMPLOYEES Full Time _____ Part Time _____

C. EMPLOYEE CONTRIBUTIONS that will be paid to United Way of Greater McHenry County, including designations to be forwarded by United Way of Greater McHenry County to other United Ways.

	Number of Donors	Total Annual Gift
Gifts Pledged via Payroll Deduction (Include white copy of pledge forms.)	_____	\$ _____
Fully Paid Gifts (Send cash/checks to United Way of Greater McHenry County as soon as possible.)	_____	\$ _____
Gifts Made via Securities (Stock) Donations	_____	\$ _____
Special Fund-Raisers (Send cash/checks to United Way of Greater McHenry County as soon as possible.)	_____	\$ _____
Total	_____	\$ _____

D. PAYMENT OF PLEDGES
 Employee payroll deduction will start on _____ and end on _____
 and will be paid to UWGMC Monthly Quarterly Other _____

E. CORPORATE CONTRIBUTION
 Amount \$ _____
 Corporate gift will be paid Annually on _____
 Quarterly during months of _____
 Other _____

F. DESIGNATIONS
 If you have employees who live outside of greater McHenry County and would like their contributions to be returned to their home communities, include their designations in the payment of employee contributions made to United Way of Greater McHenry County. UWGMC will distribute the contributions to the United Ways serving the areas where those employees live.

Total annual designation to all other United Ways \$ _____
 Please attach a list of designated United Ways and/or ZIP codes, and the total contributions pledged to each.

G. PERSON TO CONTACT regarding payment of above pledges: _____
 Phone: _____

H. RECOGNITION
 Employee Campaign Manager _____
 Others who helped _____

UWGMC OFFICE USE - DATE REC _____	AR _____	RECOG _____
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