

**United Way
of the Lakeshore**



Visit | Drop Off: 31 East Clay Avenue, downtown Muskegon
 Mail: PO Box 207, Muskegon, MI 49443-0207
 Phone: (231) 722-3134 or 1-877-722-3134
 www.unitedwaylakeshore.org

Agency/Organization Name (this is how the name will appear in the annual report): _____

Address, City, State, Zip: _____

CEO Name: _____

Phone Number: _____ E-Mail Address: _____

Employee Campaign Coordinator (ECC): _____

Phone Number: _____ E-Mail Address: _____

Total Number of Employees: Full Time _____ | Part Time _____

This is a: Final Report _____ | Partial Report _____ | Additional Report _____

Signature of person completing campaign report envelope: _____

Phone Number: _____ E-Mail Address: _____

	Number of Donors	Total Amount Pledged	Cash Included (amount)	Check Included (amount)	Balance Due
#1: PAYROLL DEDUCTION PLEDGES: <i>Insert white copies in envelope, keep yellow copy for payroll.</i>					
#2: DIRECT BILL PLEDGES: <i>Please include a copy of each pledge form.</i>					
#3: CHECKS & CASH: <i>Please include a copy of each pledge form. Please separate cash and checks.</i>					
#4: CREDIT OR DEBIT CARD PLEDGES: <i>Please include a copy of each pledge form. These pledges should be done online.</i>					
#5: SUB-TOTAL: Add lines 1, 2, 3, 4					
#6 CORPORATE CONTRIBUTION: <input type="checkbox"/> Check or cash enclosed <input type="checkbox"/> Bill Me: One time this year _____ One time next year _____ Quarterly _____					
#7: WORKPLACE SPECIAL EVENT					
#8: GRAND TOTAL: Add lines 5, 6, 7					
#9: NON-CAMPAIGN TOTAL: For United Way Use Only					