

Envelope Type

WP
 A/R
 Misc.
 Adj.
 Gift in Kind
 Grant

For United Way Use Only



United Way of the National Capital Area
UnitedWayNCA.org

**WHEN NONE ARE IGNORED,
ALL WILL THRIVE.**

Campaign Report Envelope

United Way of the National Capital Area
1577 Spring Hill Road, Suite 420
Vienna, VA 22182-3819

NOTE: Interim, partial reports enable the United Way Campaign to help you keep records and track campaign progress.

ACCOUNT NUMBER: _____

COMPANY / ORGANIZATION: _____

ADDRESS: _____

IMPORTANT INSTRUCTIONS

ENCLOSE IN THIS ENVELOPE: Fully paid contributions, checks and credit card requests. United Way copy of all pledge forms. Your company's/organization's pledge/designation forms (if United Way pledge forms are not used).

DO NOT ENCLOSE IN THIS ENVELOPE: Cash in any form (paper or coins).

FORWARDING INFORMATION:
Standard Envelopes: Mail or Deliver Signed, Sealed Envelopes Directly To:
United Way of the National Capital Area
 Campaign Accountability
 1577 Spring Hill Road, Suite 420
 Vienna, VA 22182-3819

Questions: campaignacctg@uwnca.org

Please cross out any incorrect company / address information on the line.

All information on this report should reconcile with your Pledge Forms.

Please enclose **Pledge Forms** for accounting purposes, all pledge forms must be enclosed.

PARTIAL REPORT
 FINAL REPORT
 ADDITIONAL REPORT

	# OF GIVERS	PLEDGES/PAYMENTS \$	ENCLOSED PAYMENTS \$
TriPLICATE Forms: Send yellow copy of pledge form to United Way. Send white copy to YOUR payroll department. Non-Triplicate Forms: Send original copy of pledge form to United Way. Send copy to YOUR payroll department. <p style="text-align: right; margin-right: 20px;">PAYROLL CONTRIBUTION</p>			
Checks, credit card charges, direct bill. Please PAPER CLIP checks to pledge cards.			
Please enclose Corporate Pledge Card or Corporate Grant.	CORPORATE GIFT		
Please enclose supporting documentation.	GIFT IN KIND		
Make checks payable to United Way.	SPECIAL EVENTS		
TOTALS			

File # _____

Total # of Employees in Organization:	
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Date: _____

ECC (Employee Campaign Coordinator) Information:

Preparer's Signature: _____

Name: _____

Preparer's Name: _____

Phone: _____

Preparer's Phone: _____

Email: _____

Preparer's Email: _____

FOR UNITED WAY USE ONLY				
CASHIER / DATE	AUDITOR / DATE	DATA ENTRY / DATE	PROOFER / DATE	CLOSED / DATE

PLEASE MAKE A COPY FOR YOUR RECORDS