



2011 United Way of Lowndes County Campaign Report Form

**United Way
of Lowndes County**

Company Name: _____

CEO Name: _____

Company Mailing Address: _____

Company Coordinator Name: _____

Phone: _____ Fax: _____ Email: _____

Number of Employees: _____ 100% Participation? _____ Number of Pay Periods Per Year: _____

Please note that it is important to return this form to United Way of Lowndes County for annual audit purposes. The form should be signed by the company Campaign Coordinator, CEO, or other authorized staff. Enclose fully paid pledges (checks and cash), yellow United Way pledge forms, any pledge forms marked "bill direct" and designations and Riverine Society membership information. Thank you!

Signature Title Date

	Number of Givers	Total Pledges / Direct Gifts	Amount Paid This Report	Balance Due
Payroll Deduction			n/a	
Fully Paid Pledges				n/a
Bill Direct Pledges		n/a		
Corporate Pledge	n/a			
TOTAL THIS REPORT				

FOR OFFICE USE ONLY: Staff _____ Date _____ / Staff _____ Date _____