



**Campaign Awards are dependent upon completing this form.  
If you need help filling this out please give us a call.**

**CAMPAIGN RESULT FORM**

United Way  
of Northern New York, Inc.



Company \_\_\_\_\_ Date \_\_\_\_\_

Prepared by \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Total Number of Donors (this envelope): \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_  Campaign complete  More to come

Notes: \_\_\_\_\_

Corporate & Employee Donations	No. of Donors	Total \$	Payment Enclosed
<b>Corporate Pledge</b>	not applicable		
<b>Employee Fully Paid Gifts</b> <small>Enclose cash and checks w. pledge form</small>			
<b>Employee Payroll Deduction Pledges</b> <small>Retain payroll department information (bottom) and enclose top of United Way pledge form</small>			not applicable
<b>Employee Direct Bill Pledges</b> <small>Enclose United Way pledge form with appropriate information</small>			
<b>Employee Credit Card Pledges</b> <small>Enclose United Way pledge form with appropriate information</small>			
<b>Special Event Proceeds</b> <small>Enclose checks or cash</small>	not applicable		
<b>TOTAL</b>			

***Thank You!***