



Workplace Report Envelope

Workplace Coordinator Information

Please provide your contact information below:

Name: _____
Phone: _____
Email: _____

UNITED WAY USE ONLY

Envelope # _____
Date Rec'd _____
Posted QB _____
Posted Andar _____
Posted by _____

1 Gift Information

☐ Final envelope **OR** ☐ Additional envelope(s) is/are coming

Type of Contribution	# of Donors	Total Amt. Pledged	Payment Enclosed
A Corporate Gift			
B Cash & Checks			
C Credit Cards/Direct Bills			
D Payroll Deduction			
E Special Events/Other			
F GRAND TOTAL			

2 Payment Information

Payments will be made:

Corporate Gift (1A)	Payroll Deduction (1D)
☐	☐
☐	☐
☐	☐
☐	☐

Date of first payment _____

Do you wish to receive a reminder statement? ☐ Yes ☐ No

3 Checklist: ☐ All items completed on checklist printed on back of envelope.

4 Workplace Contacts

Envelope Completed By	Phone
Payroll Office Contact	Phone
Signature	Title
	Date

NOTE: When envelope is complete, please contact United Way Blackhawk Region at (608) 314-8421 to arrange for pick-up.

Thank you!



United Way Blackhawk Region
101 N. Parker Drive Ste 220
Janesville, WI 53545

United Way
Blackhawk Region

Unitedwaybr.org