

Campaign Report

Please attach this form to the **outside** of the Campaign Report Envelope

Organization: _____

Address: _____

Campaign Executive: _____

Phone: _____ Email: _____

(BRUW Use Only)
Date: _____
Initials: _____

Payroll Information:

Payroll Contact: _____ Payroll phone # _____

Payroll billing address: (if different from mailing address): _____

Number of pay periods in your year: 12 24 26 52 Date that payroll deductions begin: _____

Campaign Results: (This report should **only** include those contributions, not on your previous reports)

Is this your final campaign report? Yes No Report # _____

Total Number of Donors: _____ Total Number of Employees: _____

Employees:

	# of Donors	Amount Enclosed	Total Contributions
Fully Paid Gifts (Cash & Checks Enclosed)... <small>(Please do not include special event money in this total)</small>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Payroll Deduction (Annualized)..... <small>(Please retain pledge cards for your payroll department)</small>	<input type="text"/>		\$ <input type="text"/>
Corporate Gift: <small>(Quarterly billing reminders will be sent unless you specify otherwise on your corporate pledge card)</small>		\$ <input type="text"/>	\$ <input type="text"/>
Special Events (Fund Raisers): <small>(Payment must be enclosed to be included in this report)</small>		\$ <input type="text"/>	\$ <input type="text"/>
Total	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Pacesetter Roster		
	# of Pacesetters <input type="text"/>	Total <input type="text"/>
\$		
(Please include a list of Pacesetters and amount of donation)		

Final due date Nov. 30th.

415 Silas • Bartlesville, OK 74005 • 918-336-1044 • Fax: 918-336-1048
www.bartlesvilleuw.org

Company Signature Required	
Signature:	
Title:	
Print Name:	
Phone #:	Date:
E-mail:	
Thank You!	