

FOR OFFICE USE ONLY

Envelope#

Organization #.

Audit Date

Audit Initial

UGS Initial

## 2023 STATE OF IDAHO United We Care Campaign Report

Thank you for your time in preparing your organization's results.

Please complete a separate report for each region code.



Agency Name

Total Number of Employees

Mail Address

City/State/Zip

Campaign Coordinator

Phone#

### Return to your local United Way office

| Employee Gifts                   | # of Donors | Dollar Amount |
|----------------------------------|-------------|---------------|
| Cash/Check/CC/Debit              |             |               |
| Bill Direct                      |             |               |
| Payroll Deduction                |             |               |
| <b>TOTAL EMPLOYEE GIFTS</b>      |             |               |
| <b>Fundraiser/Special Events</b> |             |               |
| <b>Envelope Grand Total</b>      |             |               |

Envelope prepared by:

Date:

Envelope delivered by:

Date:

Notes:

**You Make a Difference!**

