

FOR OFFICE USE ONLY	Envelope#	
	Organization #	
	Audit Date	
	Audit Initial	
	UGS Initial	

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
<hr/>	
Mail Address	
<hr/>	
City/State/Zip	
<hr/>	
Campaign Coordinator	Phone#
<hr/>	

Return to your local United Way office

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

Envelope prepared by:	
Date:	
Envelope delivered by:	
Date:	
Notes:	



UNITED WAY

