

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

## 2024 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!**

