

2025-26 Campaign Envelope

Date: _____

Company: _____

Company Contact: _____

Phone: _____

Number of Employees: _____

Deductions Will Begin On: _____

Pay Periods Are: _____

- ☐ Weekly - 52 Paychecks
- ☐ Bi-weekly - 26 Paychecks
- ☐ Semi-monthly - 24 Paychecks

	# Of Donors	Total Of All Gifts	Total Paid Now	Balance Due
Corporate Pledged				
Payroll Deductions				
Cash/Check Contributions				
Bill				
Credit Card Donations				
Special Event Donations				
Totals				

Before you seal this envelope, have you...

- ☐ Checked each pledge card for accuracy and completeness
- ☐ Enclosed cash/check and pledge card for each paid pledge
- ☐ Enclosed a yellow copy of each pledge card
- ☐ Retained white copies of all payroll deduction cards to be forwarded to your payroll office

TURN THIS PACKET INTO YOUR LOCAL UNITED WAY OFFICE

ALEXANDRIA OFFICE

PO BOX 1148, 503 Hawthorne St, Suite 131
 Alexandria, MN 56308

FERGUS FALLS OFFICE

120 East Washington Ave
 Fergus Falls, MN 56537

UW Office Only

Date _____

Initials _____

DT _____

QB _____