United Way
of Northeastern SD, Inc.

CAMPAIGN SUMMARY REPORT

Business Name: _____

Address: _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Payroll Deductions for this campaign begin on: _____ **Payroll Deductions will be paid:** **Monthly** ____ **Quarterly** ____ **Other** ____

CORPORATE GIFT AMOUNT $_____

	Payroll Deduction			Paid Now (cash or ck. Amount)	Bill Direct or Automatic Bank Ded.	Total Pledge	Designation	
Employee	# of Pay Periods	$ Per Pay Period	Total Payroll Donation				Name of Agency	Amt. Designated
Page Total								

	Payroll Deduction			Paid Now (cash or ck. Amount)	Bill Direct or Automatic Bank Ded.	Total Pledge	Designation	
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Page Total								
Grand Total								