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	
Employee	# of Pay Periods	$ Per Pay Period	Total Payroll Donation				Name of Agency	Amt. Designated
Page Total								
Grand Total								