

SPECIAL EVENTS



For United Way Use Only:

Envelope #:	Account #:	Deposit Date:	Posted in Andar - Initials & Date:
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**** MUST BE FILLED OUT COMPLETELY FOR VERIFICATION AND FRAUD PROTECTION ****

Name of Organization:	
Main Address:	
Billing Address (if different):	
Company Coordinator Name:	
Phone:	Email:
Total # of Employees:	<input type="checkbox"/> PARTIAL REPORT <input type="checkbox"/> FINAL REPORT

IMPORTANT: Totals below should agree with envelope contents.

EMPLOYEE GIVING	# OF DONORS	TOTAL CONTRIBUTIONS	CASH/CHECK IN ENVELOPE	UWST USE ONLY
Special Events/Fund Raising Events				
ENVELOPE TOTAL	Total # Donors	Total Contributions	Total Cash/Checks	

By signing below, I certify the contents of this envelope match the amounts and totals above.

Name: _____ Signature: _____ Date: _____

THANK YOU!