

**PLEDGES REPORT ENVELOPE**



**United Way**  
**of South Central MA**  
 176 Main St., Suite 400  
 Southbridge, MA 01550

\_\_\_\_\_ Partial Report

\_\_\_\_\_ Final Report

Tel.: (508) 765-5491  
 admin@uwscm.org

Company Name: \_\_\_\_\_

Company's United Way Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE REPORT ONLY THE AMOUNT IN THIS ENVELOPE.**

**IMPORTANT:** This section **Total Number of Employees**  
 must be completed to qualify \_\_\_\_\_  
 for an award.

	Payment Enclosed	Amount Due	Total Pledge
<b>CORPORATE GIFT</b>			

EMPLOYEE CAMPAIGN	# of Pledges	Payment Enclosed	Amount Due	Total Pledge
<b>FULLY PAID GIFTS</b> (Enclose cash/checks with pledge card)				
<b>GIFTS PAID BY CREDIT CARD</b> (Enclose cc confirmation)				
<b>PAYROLL DEDUCTION PLEDGES</b>				
<b>PLEDGES TO BE BILLED BY UNITED WAY</b> (Enclose pledge card and partial payments)				
<b>TOTAL</b> (Employee Campaign)				
<b>TOTAL THIS REPORT</b> (Corporate Pledge & Employee Campaign)				

Date Received in UW Office \_\_\_\_\_