



State Combined Campaign Pledge Report Envelope

Agency: _____

Date: _____

Partial Report

Final Report

Submitted by: _____

Phone: (_____) _____ Email: _____

Method of Payment	Number of Contributors	Cash/Check Contributions	Credit Card Contributions	Payroll Deduction Contributions	Total Contributions
Cash/Check Contributions					
Credit Cards					
Payroll Deductions					
Totals					

- Recap all contributions for each pledge form enclosed by category and amount in the space provided above. **DO NOT INCLUDE AMOUNTS PREVIOUSLY REPORTED.**
- Enclose WHITE and YELLOW copies of all contributor pledge forms and all cash/checks or bank verified deposit slip(s) in this envelope and seal. Please make sure YELLOW forms are legible before they leave your office.
- Make a copy of this envelope and deposit slip(s) for your records.
- Make sure your agency/department name or number appear on all reports, deposit slips and pledge forms.
- Verify the above totals with all enclosed forms.
- Forward this envelope and its contents to your agency/departmental State Combined Campaign Coordinator:**

If you have any questions, feel free to contact the Statewide Campaign Manager.
 Phone: 334-269-4505 Fax: 334-269-4410
 Mailing Address: State Combined Campaign, PO Box 1228, Montgomery, AL 36102
 Email: ahopkins@unitedwaysal.org
 Web: www.statecombinedcampaign.org