

OPEN YOUR HEART. LEND YOUR MUSCLE. FIND YOUR VOICE.

LIVE UNITED™



Lubbock Area United Way

Company/Organization Name _____

Address _____

City/State/Zip Code _____

FOR OFFICE USE ONLY:

Data Entry Session No. _____

Envelope No. _____

Lubbock Area United Way
1655 Main Street, Suite 101
Lubbock, TX 79401
tel 806.747.2711 / fax 806.747.2716
www.liveunitedlubbock.org

COMPANY UPDATE

Total Number of Employees (Givers and Non-Givers)

Billing Address _____

Human Resources Contact _____

Contact Telephone Number _____

Billing Cycle Monthly Quarterly

Month of First Bill _____

CEO Name _____

SUMMARY REPORT

This report is: (please choose one) Partial Final

PLEASE INCLUDE ONLY ATTACHED PLEDGES AND PAYMENTS

Employee Gifts	No. of Givers	Amount of Gifts	Amount of Cash/Checks	Balance Due
Payroll Deduction Retain company and donor copy of pledge forms (Enclose United Way white copy)		\$	\$	\$
Fully Paid Pledges Enclose United Way white copy of pledge forms, cash and checks		\$	\$	\$
Direct Billing Enclose United Way white copy of pledge forms		\$	\$	\$
Bank Drafts Enclose United Way white copy of pledge forms		\$	\$	\$
Credit Cards Enclose United Way white copy of pledge forms		\$	\$	\$
Employee Gift Total Sum of lines above		\$	\$	\$

SPECIAL EVENT FUNDRAISER (if applicable)

Amount Raised

Amount Enclosed

Type of Fundraiser (i.e., raffle tickets, bake sale, etc.) _____ Special Event Coordinator _____

SIGNATURES

Company Coordinator _____

Date _____

United Way Volunteer _____

Date _____

Received By _____

Date _____