

SCHOOL CAMPAIGN REPORT ENVELOPE

Account Name: _____

Campaign Year: _____

Account Number: _____

Envelope #: _____

UWWC Contact: _____

Campaign Name: _____



United Way
of Wyandotte County

FOR UNITED WAY USE ONLY		
	Initial	Date
Audit		
Account Maint.		
Data Entry		
Verify and Close		

THIS SECTION MUST BE COMPLETED BY THE SCHOOL REPORT ONLY THE CONTENTS OF THIS ENVELOPE

Type of Gift	# of Donors	Total Contribution	Total PAID (Enclosed in envelope coin bags)
STUDENT MONEY ONLY <input type="checkbox"/> Check here if estimate			
PAYROLL DEDUCTION			
FULLY PAID GIFTS <small>(record checks, cash, CC, for contributions only here)</small>			
Credit Cards			
Checks			
Cash			
TO BE BILLED BY UW			
STAFF SPECIAL EVENTS <small>(jeans days, bake sale, etc; DO NOT ROLL COINS) <small>(record checks, cash, CC, for special events only here)</small></small>			
GRAND TOTAL			

Report prepared by: _____

Date: _____

Email: _____

Phone Number: _____

Signature: _____

THIS SECTION MUST BE COMPLETED BY UNITED WAY STAFF

Envelope picked up by: _____ Date: _____

REPORT ONLY THE CONTENTS OF THIS ENVELOPE

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GRAND TOTAL			

SCHOOL

UNITED WAY

Deposit ID#	
Coins	
Currency	
Checks	
Credit Cards	
SUBTOTAL	
Rejected Checks	