



2020 Employee Campaign Return Form

****This form must be returned by all businesses running an employee campaign*

Company Name: _____

Phone: _____

Address: _____

Campaign Coordinator Name: _____

Total # of employees: _____ **Number of pay periods:** 12 24 26 Other _____

2019 Total: _____ **2020 Goal:** _____

Type of Employee Contribution	# of Donors	Pledged Amount	Payment Enclosed
a. Cash (enclose cash)			
b. Check (enclose check)			
c. EFT			
Subtotal – FULL PAID (a+b+c)			
d. Direct bill			
Subtotal – DIRECT BILL (d only)			
e. Payroll Deduction			
Total (add subtotal lines full paid + direct bill + payroll deduction)			
Corporate Gift			
Special Events			
Total All Gifts			

<p>Do you wish to be billed for your payroll deductions?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> monthly (beginning on _____)</p> <p><input type="checkbox"/> quarterly (March, June, Sept, Dec)</p> <p><input type="checkbox"/> semiannually (Jan & July)</p> <p><input type="checkbox"/> once on: _____</p>	<p>Do you wish to be billed for your corporate gift?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> monthly (beginning on _____)</p> <p><input type="checkbox"/> quarterly (March, June, Sept, Dec)</p> <p><input type="checkbox"/> semiannually (Jan & July)</p> <p><input type="checkbox"/> once on: _____</p>
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Are all pledge cards enclosed? yes no

Are all checks and cash enclosed? yes no

Company Notes _____

THANK YOU!