

**2018 Campaign United Way of Ashland County
 Company/Organization Information Profile
 (To Be Completed by Employee Campaign Manager)**

PLEASE PRINT

DATE: _____

General Campaign Begins: September 21 , 2017

Company/Organization: (Please Print)

Company/Organization Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

CEO Information: (Please Print)

Name: _____ **Contact Number:** _____ **EXT** _____

E-Mail: _____ **Fax:** _____

Employee Campaign Manager Information: (Please Print)

Employee Campaign Manager: _____ **Contact Number:** _____ **EXT** _____

E-Mail: (VERY important to provide) _____ **Fax:** _____

Accounts Payable Information: (Please Print)

(Contact for any questions on processing payments on account)

Accounts Payable Contact for United Way: _____ **Phone:** _____

E-Mail: (VERY important to provide) _____ **Fax:** _____

**Your help is needed in providing the following information
 with checks paid to United Way for company and employee payments
 to assure proper recording to your account.**

- How often do you process payroll deductions? _____ (bi-weekly, monthly, quarterly?)
- How many pay weeks per year? _____
- Statements will be sent at the beginning of the month following the Quarter (April, July, Oct., Dec.)
 Unless otherwise indicated here by you: _____
- First Payroll Payment begins in _____ (please list if not paying quarterly)

- Please include with all **check payments:** *Campaign year and when we can expect payment*
EX: Campaign Year 2018 Payments processed and sent to United Way monthly
- Please provide list of **employee names** for which payment is to be applied
- When an employee **ends employment**, please note on list above (only applies to payroll deduction)
- If check is for Company Gift, Company Match, or other than payroll deduct, please **indicate** with payment

Please return this by email or fax to Peggy peggy@uwashlandoh.org Fax: 419-281-7622