

DATE: _____

General Campaign Begins: September 20, 2018

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.**

- **Number of Employees** _____
- **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 2019 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 Jill jill@uwashlandoh.org Fax: 419-281-7622