

UNITED WAY OF THE MARK TWAIN AREA

3062 Highway 61 North PO Box 81 Hannibal, MO 63401

Ph: 573-221-2761 unitedwaymta.org director@unitedwaymta.org

SECTION 5

Please provide company info below.

Company:

Mailing Address:

Phone:

CEO:

SECTION 6

Yes! Our company/organization is paying \$100 to participate in the Cash Incentive Drawing!

No, we are not participating.

SECTION 7

Campaign Award Information

Has your company/organization qualified for a United Way Campaign award? Check the boxes below regarding your company/organization's involvement in the Campaign:

\$25 average gift per employee

Employee participation of 75%+

Corporate Gift/Sponsorship of \$1,000+

Participate in or host United Way Special Event/Activity

- Platinum award: meet all measures
- Gold award: meet all three measures
- Silver award: meet any three of the four measures.
- Bronze award: meet any two of the four measures.

Community Achievement awards are given to any small business or organization that gives \$100+

Citation for Community Service awards are given to any company/organization participating in the campaign for the first time.

Awards will be presented at the United Way Annual Meeting and list of award winners will be printed in the Annual Report. Award winners may also be recognized in updates provided during the campaign.

For more information on company/organization giving history, please contact the United Way staff at (573)221-2761

SECTION 8

How will your company submit their payroll deduction contributions?

- □ Via check automatically
- □ Quarterly, need billed
- Other:

Complete one of these forms each time contributions are turned 1. into United Way. DO NOT DUPLICATE previously reported results.

- Return the following items to United Way. 2. - Campaign Report Form - Donor Report Form or Pledge Cards - All checks and cash - Corporate gift pledge card
- Keep tear off side of pledge cards. 3.

SECTION 1

Partial Report (more money coming)

Final Report (No more money expected)

SECTION 2

Packet Prepared By:

Phone Number:

Email Address:

SECTION 3

Number Of Employees at Company:

Full Time: # Part Time:

| SECTION 4 | | | |
|--|----------------|---------------------|-------------------|
| | # of Givers | Total \$ Pledged | Total Enclosed |
| Payroll Deduction | | | |
| Cash | | | |
| Check | | | |
| Direct Bill Enclose signed pledge forms | | | |
| Credit Card Enclose signed pledge forms | | | |
| TOTAL EMPLOYEE GIFT | | | |
| TOTAL CORPORATE GIFT | | | |
| TOTAL SPECIAL EVENT/ACTIVITY | | | |
| TOTAL CONTRIBUTIONS | | | |