

Solicitor's Envelope



United Way
of the Bluegrass

Department Name _____

Report type: partial final

Department Number _____

INSTRUCTIONS

1. All pledge cards must be signed.
2. Please be sure that cash/check is securely attached to the pledge card to which it belongs and placed in this envelope.
3. Please print names clearly and make sure envelope face matches contents of envelope.

UWBG STAFF USE ONLY

Envelope _____

Account # _____

EMPLOYEE NAME (as shown on pledge card)	PAYMENT OPTIONS			TOTAL PLEDGED
	Total Payroll Deduction Amount	Cash/Check Amount Enclosed	Total Credit Card Amount (for year)	
SPECIAL EVENT INCOME (if applicable)	 			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
TOTALS (Please add all columns)				

Solicitor's Name _____

Date _____

Solicitor's Phone Number _____

TO BE COMPLETED UK AUDITORS ONLY	Group	Number of donors	Total Amount Pledged in this Envelope	Total Amount Cash/Check in this Envelope
Audited by: _____	_____	_____	_____	_____
Date: _____	_____	_____	_____	_____