

920 South Street
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UNITED WAY
West Central
Mississippi

Employee Campaign Summary Report

Please Print

Account Name	
Address	
City, ZIP	
Coordinators Name	
Telephone	
Email	

For United Way Use

Only Date Received

Total Received Total

Due Audited by System

Entry By

Designations Keyed

Coordinator's Signature

_____ Date _____

Type of Giving

of Donors

Amount Pledged

Amount Enclosed

Payroll Deductions

Pledge Billed

Credit Card

Direct Gift Cash

Direct Gift Check

Special Events

Corporate Contribution

Sub- Total

of Leadership Givers

Campaign Total