HEART OF MISSOURI UNITED WAY COMPANY CAMPAIGN **DONOR LIST SHEET**

DONOR EIGH CHEET				
This form is available via email from the United	Way office. Save a	a copy of this comp	pleted form for your r	ecords.
Name of Firm/Organization/Business		_	Telephone	
Reported by		_	Date	
THE FOLLOWING ITEMS SHOULD BE INCLU	UDED IN YOUR C	OMPLETED REP	ORT ENVELOPE:	THIS REPORT IS:
1.) DONOR LIST SHEET (this form)				
2.) ALL FULLY PAID PLEDGE FORMS WITH CASH/CHECK PAYMENTS 3.) SIGNED PLEDGE FORMS FOR DONORS WISHING TO BE BILLED BY		IINITED WAY	Partial	
4.) WHITE COPY OF ALL PAYROLL DEDUCTION PLEDGE FORMS		ONITED WAT	Final	
Contributions previously reported should no	ot be listed below			
I	TOTAL	AMOUNT	BALANCE T	O BE PAID BY:
NAME OF CONTRIBUTOR	AMOUNT	PAID	PAYROLL	TO BE BILLED
	PLEDGED	NOW (CASH/CHECK)	DEDUCTION	BY UNITED WAY
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