

Comments:

2017 Final Campaign Report

ar to wave					DATE:	
Company Name:				Total # of employees:		
Company Address:						
Employee Campaign Coordinator: email:				Phone:		
Payroll Contact:			email:		Phone:	
Corporate Gift Billing Contact:			email:		Phone:	
Person completing this form:			email:		Phone:	
			re to include the company name on each pl Pass benefits, donors must check the box a			_
Separate gifts into the following o	ategories:					
Payroll Deduction						
Deduction Start Date:	PLEASE MAKE COPIES OF PLEDGE CARDS BEFORE MAILING.					
	Your payroll department will need a copy of each pledge card.					
ArtsWave Direct Billing	- Enclose pled	dge cards.				
Check	- Attach check to the corresponding pledge card. Do not separate checks from pledge of					
Oneck	Please verify all checks are payable to ArtsWave					
Credit Card	- Enclose pled					
Orean Gara	- Liiciose piec	uge carus.				
Special Event	- Enclose a pl	ledge card r	marked "Spec	ial Event"	and attach che	cks to this card.
Please itemize your	campaign r	esults be	elow		ArtsWave U	SE ONLY
<u> </u>				date completed: audited by:		
Type of Giving	Number of Cards	Amount Pledged	\$ Amount Enclosed	Number of Cards	Amount Pledged	Amount Enclosed
Corporate Gift		\$	\$		\$	\$
Payroll Deduction			¢		\$	¢
		\$	Þ		ð	1
Credit Card		\$	\$		\$	\$
ArtsWave Direct Billing		\$	\$		\$	\$
Checks (NO CASH*)		\$	\$		\$	\$
Special Event		\$	\$		\$	\$
TOTAL ENCLOSED (with this report)		\$	\$		\$	\$
Are these the final results of your campaign?						Yes No
· ·		or vour pove	all donartment	?		Yes No
Have you made copies of payroll pledge cards for your payroll department? Are all pledge cards filled out completely with names, addresses and signatures?						Yes No
ne an pieuge carus illieu out con	Thierein mitti 119	unico, audites	oo c o anu siyni	atu169 (1 CO INO

Please DO NOT send cash. Replace cash with a check.