

United Way Central Alberta WORKPLACE CAMPAIGN \$ DROP-OFF

V	VORKPLACE	INFORMATION	
Company Name:		Campaign Contact Name, Email & Ph	one:
# of Employees in Central Alberta:	TOCE AND D	Email for corporate tax receipt, if app	licable:
Pledges included in Drop-Off	Total \$	Payments included in Drop-	
Employee Payroll		Off	Total \$
		Cash*	
Employee One-Time		Cheques	
Employee Pre-Authorized Credit Cards		TOTAL	
Special Event (specify in notes)		*Ensure waiver is signed below.	
Corporate Donation		Elisare waiver is signed below.	
Event Sponsorship (specify in notes)		Notes:	
Event Ticket Purchase (specify in notes)			
TOTAL			
	CASH V	WAIVER	
I, (print full name)		, have delivered cash	to United Way.
I understand that two (2) United Way	staff will count t	he cash and I agree to accept their final ca	lculation.
I acknowledge that I and/or my com	pany contact (if a	another person) will be advised if there is	s any variance.
Signature:		Date:	