UNIT SOLICITATION REPORT

UNITED WAY OF JEFFERSON COUNTY

Business / Organization_____**# of Locations**_____

Contact Person & Title_____**Phone**_____

Address_____**Fax** _____

E-Mail Address_____

Contributor Name(s)	Total Pledge	Paid Herewith	Balance Due	Payroll Deduction	U Way to Bill
TOTAL					

Campaign Worker Please Note

1. Complete this form in duplicate for payroll authorization cards.
2. Place **one copy** in the blue Campaign Report Envelope.
3. The **second copy** should be retained by your business or organization as authorization payroll deduction.
4. If an employee wishes to designate his pledge to an agency a copy of their pledge card **MUST** be placed in the blue Campaign Report Envelope and returned to our office.
5. As deductions are made, please forward payment to:

The United Way of Jefferson County
501 Washington Street, PO Box 1463
Steubenville, Ohio 43952
740-284-9000

Date Submitted_____**By**_____