UNITED WAY OF ROCKINGHAM COUNTY - SUMMARY OF CONTRIBUTIONS SHEET

ORGANIZATION/COMPANY/DEPT _____ DATE _____

ADDRESS _____ TOTAL # EMPLOYEES ON PAYROLL_____

CEO/DEPT. HEAD _____ TOTAL # CONTRIBUTORS_____

UNITED WAY COORDINATOR _____ COORDINATOR PHONE _____

(DO NOT PASS THIS AROUND. TO BE COMPLETED FROM INFORMATION ON PLEDGE CARDS)

Electronic copies are available for download at www.uwrockingham.org or call United Way at 336-342-7768

NAME OF CONTRIBUTOR	TOTAL AMOUNT PLEDGED	AMOUNT PAID	BALANCE	*METHOD OF PAYMENT*		
				PAYROLL DEDUCTION	BILL DIRECT	CASH OR CHECK
TOTALS (COPY TO CORRESPONDING LETTERS ON FRONT OF REPORT ENVELOPE)	**A**	**B**	**C**	**D**	**E**	**F**