

United Way of the Brown County Area

108 North Minnesota Street

PO Box 476 New Ulm, MN 56073 507-354-6512

Employee Listing and Report Sheet

Company Name: _____

Company Address: _____

Firm Coordinator: _____

Date Reported: _____ Total Employee Contribution: \$_____

Please list employees contribution and complete all information. Enclose in envelope the following information:

1) PAID IN FULL and BILL DIRECT Pledge Cards. 2) Cash and Checks. 3) This completed report.

CONTRIBUTOR'S NAME	TOTAL AMOUNT PLEDGED	CASH PAID NOW	BALANCE	Balance to be Paid thru:	
				Payroll Deduction	UW Bill Direct
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ACCUMULATED TOTALS				_____ OF _____	