

**Konza United Way**  
 555 Poyntz Ave., Suite 215  
 P.O. Box 922  
 Manhattan, KS 66505-0922  
 785-776-3779 telephone  
 785-776-3065 fax  
 www.konzaunitedway.org



## SUMMARY REPORT - 2021 Campaign

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Person \_\_\_\_\_ # of Company Employees \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-Mail \_\_\_\_\_

# of Pillars Club donors (\$1,000+) \_\_\_\_\_ Total from Pillars Club donors \$ \_\_\_\_\_

	Number of donors	Total contribution	Amount enclosed	Amount due
<b>1. Corporate Pledge</b> Complete pledge form below and/or check enclosed		\$	\$	\$
<b>2. Corporate Payroll Match</b> Pledge form below and/or check enclosed		\$	\$	\$
<b>3. Employee Checks paid in full</b> Donation/pledge form enclosed		\$	\$	\$
<b>4. Employee Pledges to be billed</b> Signed pledge cards enclosed		\$	\$	\$
<b>5. Employee Payroll Deduction Pledges</b> Copy enclosed, retain original form for your records		\$		\$
<b>6. Special Events</b> (bake sale, car wash, etc.) Enclose all proceeds		\$	\$	\$
<b>TOTAL</b>		\$	\$	\$

## PAYROLL DEDUCTION BILLING INFORMATION

**Please Circle one of the following for company payroll contribution remittance:**

Quarterly    Monthly    Other: \_\_\_\_\_

PLEASE MAKE ALL CHECKS  
 PAYABLE TO:  
**Konza United Way**

*(For office use only)*

CIF                    \$ \_\_\_\_\_ % \_\_\_\_\_

Health                \$ \_\_\_\_\_ % \_\_\_\_\_

Education            \$ \_\_\_\_\_ % \_\_\_\_\_

Income                \$ \_\_\_\_\_ % \_\_\_\_\_

Endowment           \$ \_\_\_\_\_ % \_\_\_\_\_

Specific Allocations: \_\_\_\_\_

**Thank you for supporting Konza United Way.**

Please return the completed packet to Konza United Way at the address above.