

For United Way Use Only		
Account Number _____ / _____		
Campaign Year _____		
LE _____	Staff _____	Audit _____

Campaign Listing Sheet

\$500+ Contributors



United Way of Tampa Bay

Organization Name: _____

Coordinator: _____ Phone Number: _____

Enclose copies of all completed \$500+ pledge forms. Forward original payroll deduction pledge forms to your payroll department.

U.W. Office use only	Name of Contributor	Total Dollars Pledged	Please Check [✓] Method of Payment				
			Annual Payroll Deduction	Cash or Check	Billed by United Way	Other (securities, credit card, etc.)	Corporate Match
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
	11.						
	12.						
	13.						
	14.						
	15.						
	16.						
	17.						
	18.						
	19.						
	20.						

Sheet # ____ of ____.

Workplace Coordinator Signature _____ Date _____