



**State Employees' Charitable Campaign
SPECIAL EVENT
REPORT ENVELOPE**

FOR CAMPAIGN ADMINISTRATORS USE ONLY
Pick Up/Drop Off: _____ / _____ /2016
UWD Representative: _____
UWD Andar Number: _____

PLEASE COMPLETE:

DEPARTMENT/SECTION: _____

DDS CODE: _____

ADDRESS: _____

CITY/ZIP: _____

NAME OF CAPTAIN: _____

PHONE NUMBER OF CAPTAIN:: _____

EMAIL OF CAPTAIN: _____

**SPECIAL EVENT MONIES ONLY
(Cash and Checks Only)**

Name of Approved Charity	Agency 5-Digit Code	Total Cash	Total Checks	Total Gift
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total in Envelope		\$	\$	\$

By signing below, I am affirming the validity of this envelope face and content.

NOTE: Two (2) signatures (SEALED ENVELOPE) are required.

Chair: _____ Date: ____ / ____ /2016

Captain: _____ Date: ____ / ____ /2016

Haslet Armory Point Person #1: _____ Date: ____ / ____ /2016

Haslet Armory Point Person #2: _____ Date: ____ / ____ /2016

Please Keep a Copy for Your Records

<p>IMPORTANT REMINDER</p> <p>All Kent and Sussex County envelopes will be delivered to Laura Gott at the Haslet Armory.</p> <p>All New Castle County envelopes will be picked up by United Way. To schedule a pick up contact Deborah Armstrong at darmstrong@uwde.org.</p> <p><u>In All Instances</u></p> <p>Please Schedule A Pick Up Or Drop Off</p> <p>"DO NOT JUST LEAVE AN ENVELOPE"</p>
