

Initials

State Employees' Charitable Campaign

SPECIAL EVENT

Pick Up/Drop Off:/2024
UWD Representative:
UWD Andar Number:

FOR CAMPAIGN ADMINISTRATORS **USE ONLY**

(Maximum 15 Forms Per Envelope)

PLEASE COMPLET	E:						
Department:							
DDS (Department-Divisio	on-Section) Code:						
Address:		City/Zip	ity/Zip				
lame of Captain: Phone Number:							
Email of Captain:							
Name of Event:							
		_ EVENT MONI Only) (DO NOT includ					
Name of Approved Charity	Agency 5-Digit Code	Total Cash	Total Checks	Total Gift			
		\$	\$	\$			
		\$	\$	\$			
		\$	\$	\$			
Total in Envelope		\$	\$	\$			
	signing below, I am affi NOTE: The envelope m or designee:	nust be SEALED. Two	(2) signatures are req	quired below.			
		Date://2024 Date://2024					
R	d Way representative will on the control of the con	rtaschner@uwde	ons. To schedule a pions. org or (302) 438 this signed form to s	3-5380			
UNITED WAY OF DE	LAWARE USE ONLY						
UWDE Account Mana	ger Signature:		1	Date:			
	Audited	Deposited	Entered	Verify and Closed			
Date							
	+	+	+	- 			