



State Employees' Charitable Campaign

SPECIAL EVENT REPORT ENVELOPE

(Maximum 15 Forms Per Envelope)

**FOR CAMPAIGN ADMINISTRATORS
USE ONLY**

Pick Up/Drop Off: ____/____/2025

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

Department: _____

DDS (Department-Division-Section) Code: _____

Address: _____ City/Zip: _____

Name of Captain: _____ Phone Number: _____

Email of Captain: _____

Name of Event: _____

SPECIAL EVENT MONIES ONLY

(Cash and Checks Only) **(DO NOT include paper pledges)**

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: The envelope must be SEALED. Two (2) signatures are required below.

Chair or designee: _____ Date: ____/____/2025

Captain or designee: _____ Date: ____/____/2025

IMPORTANT REMINDER

A United Way representative will collect ALL SECC donations. To schedule a pick-up, contact:

Deborah Armstrong at darmstrong@uwde.org

Before donations can be collected, Chairs must email a copy of this signed form to secc@delaware.gov.

KEEP A COPY FOR YOUR RECORDS

UNITED WAY OF DELAWARE USE ONLY

UWDE Account Manager Signature: _____			Date: _____	
	Audited	Deposited	Entered	Verify and Closed
Date				
Initials				