

Number of Employees/Pay Period:

Total Employees (full & part-time) : _____

Number FTE (full-time equivalents): _____

Number pay periods annually: _____

Employee Payroll Deduction Payments:

For Payroll Deduction Pledges, would your Company like billing statements:

Monthly Quarterly No statements

Begin statements (date): _____

Organization/Company Electronic Information:

Please provide your website address: _____

Would you like to be contacted for more information regarding placing a link to your company site from the United Way of Jackson County website? Yes No

Would you like to be contacted for more information regarding placing a link to the United Way of Jackson County website from your company's website? Yes No

Comments:

Please provide any feedback you have on the campaign that might improve it's impact on your workplace.

What are the benefits of the campaign in your workplace?

What worked well?

What might work better?