ROSTER OF GIVERS

OFFICIAL USE ONLY

FIRM NAME

ADDRESS

CITY ZIP CODE

CAMPAIGN COORDINATOR

REPORT NUMBER_____

DATE RECEIVED_____

DIVISION _____

ACCOUNT # _____

NAME OF GIVERS (ONLY)	TOTAL CONTRIBUTION	AMOUNT PAYROLL DEDUCTION	AMOUNT CASH	AMOUNT CHECK	AMOUNT CREDIT CARD	AMOUNT BY DIRECT BILLING
TOTAL THIS PAGE						

IMPORTANT PLEASE COMPLETE SUMMARY DATA INFORMATION AT RIGHT	TOTAL NUMBER OF EMPLOYEES:	TOTAL NUMBER OF GIVERS	
	NUMBER OF PAYROLL DEDUCTION GIVERS:	AMOUNT	$
	NUMBER OF CASH GIVERS:	AMOUNT	$
	NUMBER OF CREDIT CARD GIVERS:	AMOUNT	$
	TOTAL ALL EMPLOYEE CONTRIBUTIONS:	AMOUNT	$
	CORPORATE CONTRIBUTION:	AMOUNT	$
	TOTAL CAMPAIGN RESULTS:	AMOUNT	$