

FOR OFFICE USE ONLY

COMPANY NAME _____

PARENT COMPANY _____

LIABILITY

___ Linn County

___ Benton County

___ Lincoln County

REVIEW

Envelope _____ Date _____

Data Entry _____ Date _____

Audit _____ Date _____

Special Event _____

NOTES

CAMPAIGN YEAR _____ BATCH # _____

ENVELOPE # _____

<i>1. Corporate</i>	Total Pledge	Amount Enclosed	Amount Due
Cash/Check/EFT			
Payroll Match			
Bill Me			
Charge			
In Kind			
Securities			
Sub-Total Corp			

<i>2. Employee (Individual)</i>	# Donors	Total Pledge	Amount Enclosed	Amount Due
Cash/Check/EFT				\$00.00
Payroll Deduction			\$00.00	
Bill Me			\$00.00	
Charge			\$00.00	
In Kind				
Securities				
Sub-Total Emp/Ind				

<i>3. Totals</i>	# Donors	Total Pledge	Amount Enclosed	Amount Due
Corporate Gift				
Emp/Ind Pledge				
Grand Total				