

THANK YOU FOR INVESTING IN THE



HEALTH OF OUR COMMUNITY

## **2009 CAMPAIGN REPORT ENVELOPE**

Company Name: \_\_\_\_\_

Campaign Contact: \_\_\_\_\_  
(for this report)

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Please fill-in all the information requested: Amounts are for the contents of this envelope only.

**#1** Total Number of Employees (in your department)

**#2** Total Number of Participating Employees

**#3**

Payroll Deduction Pledges

One-time Cash or Check Gifts to CHC-FL

Special Event Dollars

**TOTAL INCLUDED IN THIS REPORT**

Is there a corporate match for these funds?

Number of Donors	
<b>Y</b>	<b>N</b>

Total Pledges and/or Gifts
Amount of Match if known \$ _____

**#4** \_\_\_\_\_  
Signature of person completing this report: \_\_\_\_\_ Date: \_\_\_\_\_

**Pledge Forms-White Copy to Payroll, Pink Copy to Employee.  
Please include the Yellow Copy in this envelope for CHC-FL.**

**Please call your Community Health Charities Campaign Manager with questions and/or to pick up your campaign report envelope.**

**STATEWIDE TOLL FREE 877-CHC-FLA7  
Barton Cooper 850-933-9205  
Dick Kravitz 904-477-5841-NE FL ONLY**

***THANK YOU!***