United Way for Jackson, George & Greene Counties

Tel: 228-762-7662 Fax: 228-762-7669

**2025 CAMPAIGN PROGRESS REPORT**

PLEASE SEND TO: 2025 United Way Campaign

 3510 Magnolia Street

 Pascagoula, MS 39567-3113

 **Email: icare@unitedwayjgc.org**

COMPANY:

ADDRESS:

# of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ First Report (Date: ) □ Updated Report (Date: ) □ Final Report (Date: )

I. Corporate Giving

 A. **Previously Reported** Amount $

 Additional amount **today** $

 Total Corporate Gift **TO DATE** $

 B. Corporate Gift Payment Plan:

( ) Bill us on ( ) Check will be forwarded on

II. Employee Giving

 A. Was a previous report given? ( ) yes ( ) no

 B. Amount of Employee Contributions **previously reported** $\_\_\_\_\_\_\_\_\_\_\_\_\_

 C. Amount of **additional** Employee Contributions Reported **TODAY** $­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

 D. **TOTAL** amount of Employee Contributions **TO DATE** $\_\_\_\_\_\_\_\_\_\_\_\_\_

III. Submitted by:

 (Company Representative’s Name)

 Title:

 Phone:

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Breakdown of Contributions (THIS REPORT ONLY)** |  |
|  |  | **# of Donors** |  | **$ Amount** |  |
| **Cash:** |  |  |  |  |  |
| **Checks:** |  |  |  |  |  |
| **Payroll Deductions:** |  |  |  |  |  |
| **Bill Me’s** |  |  |  |  |  |
| **Total Amount turned in:** |  |  |  |  |  |
|  |  |  |  |  |  |