



**Community
Services Fund
of Nebraska**

Campaign Summary Report

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1 PLEASE COMPLETE ALL SECTIONS OF THIS FORM. THANK YOU!

ALL signed pledge forms are enclosed (white CSF copy).

Today's date: _____

Number of pay periods per year: _____

Company _____ Phone _____

Address _____ City _____ Zip _____

CEO _____ Number of employees _____

Campaign Coordinator _____ Phone _____

Payroll supervisor _____ Phone _____

Do you wish to receive quarterly reminders for your payments? **Yes** **No**

2 EMPLOYEE GIFTS	NUMBER OF DONORS	TOTAL CONTRIBUTIONS	AMOUNT ENCLOSED
A. PAYROLL DEDUCTION CONTRIBUTIONS <i>Enclose white copy of pledge forms and give yellow copies to your payroll department.</i>		\$	
B. PAID IN FULL CONTRIBUTIONS <i>Enclose cash and checks along with white copy of pledge forms.</i>		\$	\$
C. CREDIT CARD CONTRIBUTIONS <i>Enclose white copy of pledge forms.</i>		\$	
D. SPECIAL EVENTS <i>Enclose all proceeds and choose one designation:</i> <input type="checkbox"/> Equal Distribution to all CSF Agencies & CSF Operating Fund <input type="checkbox"/> CSF Operating Fund		\$	\$
EMPLOYEE GIFTS TOTAL		\$	\$
3 CORPORATE GIFT	X	X	X
<input type="checkbox"/> Enclosed <input type="checkbox"/> Will Send Separately <input type="checkbox"/> Already Sent <i>Choose one designation:</i> <input type="checkbox"/> Equal Distribution to all CSF Agencies & CSF Operating Fund <input type="checkbox"/> Match Overall Employee Designations <input type="checkbox"/> CSF Operating Fund		\$	\$
GRAND TOTAL (must agree with envelope contents)		\$	\$