IV SPECIAL EVENTS *Paid In Full*

COMPANY NAME

$ _____ . __

TOTAL AMOUNT OF CHECKS

\+ $ _____ . __

TOTAL AMOUNT OF CASH

$ _____ . __

TOTAL DOLLAR AMOUNT

Dated Material – Please submit to United Way within 14 days.

DO NOT MAIL *– Please include this envelope in the* ***CAUW Paid In Full Report Envelope***

United Way

Capital Area United Way

United Way Use Only:

Envelope #_____

Account #_____