

2009/10 CORPORATE & EMPLOYEE AWARDS REQUEST FORM

CEO or Co. Contact:

Employee Campaign Manager (ECM): _____ PHONE: _____

Person completing form: _____ PHONE: _____

The information that you provide will be used to determine your awards categories. Please fill out the form as completely as possible. All information will remain confidential. File (or national) data will be used to determine awards when information is not provided. If you have any questions or require additional information please contact Dan Nowakowski at 343-1267 x 241 or e-mail dnowakowski@uwlc.net
(If you process all employee giving through UWLWC please include total campaign data, if you report only Lackawanna/Wayne County giving to us, pay other UWs directly or process your contribution through another United Way please only include data relative to Lackawanna/Wayne County giving)
Thank you for your generous support and assistance in this respect.

EMPLOYEE DATA

Full Time Employees: _____ Number contributing: _____
Part Time Employees _____ Number contributing: _____
Part time as Full Time Equivalent Employees (FTE) _____
Total FTE: _____ Total number of contributors: _____

2009/10 CONTRIBUTIONS

Corporate contribution: _____ Employee contribution: _____

Additional contributions: Report corporate and/or employee contributions not included in above. (Please list Special events, Home Run Team, Sponsorships, and any One Time support to be included in total below)

Total Corp. additional: _____ Tot. Emp. additional: _____

In-Kind contributions: (Please provide a brief description of any in-kind contribution and your best estimate of the dollar value for each)

Organization's Gross Annual Payroll (GAP): _____ SIC Code _____
_____ GAP is not available, use national trade group wage information. (Check if appropriate)

To be completed by United Way of Lackawanna and Wayne Counties

Prior year Corp. Contribution(s): _____ Prior year Corp. Award _____

Change over prior year \$ _____ % _____ **Corp. AWARD** _____

Prior year Emp. Contribution(s): _____ Prior year Emp. Award _____

Change over prior year: \$ _____ % _____ **Emp. AWARD** _____

United Way of Lackawanna and Wayne Counties 2010/2011 Campaign Survey

Employee Campaign Manager (ECM) Contact Information:

Name: _____

Phone: _____

Email: _____

Day of Caring Coordinator Contact Information:

Name: _____

Phone: _____

Email: _____

Loaned Executive (LE) Program Contact Information:

*(The LE Program contact is the person the United Way will contact regarding whether your company could offer the United Way an LE **OR** whether your company could use LE assistance during your employee campaign.)*

Name: _____

Phone: _____

Email: _____