



P.O. Box 837
 Oklahoma City, OK 73101
 Phone: (405) 236-8441
 Fax: (405) 232-0372
 www.cfc-centralok.org

Campaign Report

WHITE COPY = Campaign Report Envelope

CFC USE ONLY	
Envelope # _____	
Staff Initials _____	Date: _____
Staff Initials _____	Date: _____
Auditor 1: _____	Auditor 2: _____
Approved by: _____	Approved by: _____

1 Total number of employees: _____ How many pay periods in your year: 12 26 Both

2 This is the FINAL report. This is a PARTIAL report.

	# of Donors	Total Contributions	Amount Enclosed (must be completed)
Payroll Deductions	<input type="text"/>	<input type="text"/>	
Paid Contributions	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money from Special Events		\$ <input type="text"/>	\$ <input type="text"/>
(“kiss the pig,” casual day, etc.)			
TOTAL	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(do not include any previous report totals)			

IMPORTANT!

For accurate processing, this form must be filled out in its entirety. Please be sure to enclose the white, yellow and pink copies of this form in the Campaign Report Envelope.

Don't forget your Donor Appreciation Form!

● **Please note, all white copies of pledge cards go to payroll office.** ●

3 Preparer's Printed Name: _____ Date: _____
 Preparer's Email : _____
 Preparer's Signature: _____ Phone: _____

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YELLOW COPY = Campaign Report Envelope

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Staff Initials	_____ Date: _____
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Campaign Report

PINK COPY = Campaign Report Envelope

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Staff Initials	_____ Date: _____
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Paid Contributions	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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(“kiss the pig,” casual day, etc.)			
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Campaign Report

BLUE COPY = FOR YOUR RECORDS

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Staff Initials _____	Date: _____
Auditor 1: _____	Auditor 2: _____
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