

2024-2025 REPORT ENVELOPE



Maui United Way

ENVELOPE NUMBER:

RECEIPT NUMBER:

Company Name: _____

Address: _____

City, State, Zip Code: _____

Campaign Coordinator: _____

Employee Count: _____ Phone: _____

Email: _____

FOR AUDITING PURPOSES ALL ENVELOPES MUST BE RETURNED BY DECEMBER 31 TO:

Maui United Way
 PO Box 275, Kahului,
 HI 96733
 (808) 244-8787
www.mauiunitedway.org

TYPE OF CONTRIBUTION	DONOR COUNT	TOTAL
1. CASH Coordinator Signature: _____		\$
2. CHECK Coordinator Signature: _____		\$
3. CREDIT CARDS: VISA, MC, AMEX, DISCOVER		\$
4. AUTOMATIC TRANSFER		\$
5. BILL ME		\$
6. PAYROLL DEDUCTION		\$
7. FIRM / CORPORATE GIFT		\$
8. SPECIAL FUNDRAISERS		\$
9. TOTAL ENVELOPE CONTRIBUTIONS		\$

Date Received:

FOR MUW OFFICE USE

Contribution	Donor Count	Pledge	Cash & Checks
Cash & Checks			\$
Credit Cards		\$	
ACH Debts		\$	
Bill Me		\$	
Payroll		\$	
Firm/Corporate Gift			\$
Fundraisers			\$
TOTALS		\$	\$

Audited By (Print Name & Initial)	Audit Date

Deposit Date	Batch Number