



2018-2019 REPORT SHEET

95 Mahalani Street, Suite 24
 Wailuku, HI 96793
 ph 244-8787 fax 244-8958
 Email: angela@mauiunitedway.org
 www.mauiunitedway.org

Company			Phone	
Department			Fax	
Coordinator			Email	
Address				Total Givers
City	State		ZIP	
				Total Employed

Name of Contributor	Enter (D) if the contributor designated their donation.	Payroll Deduction Pledge for Year	Amount of CHECK	Amount of CASH	CREDIT CARD PAYMENT	BILL DONOR	TOTAL \$
1 .							
2 .							
3 .							
4 .							
5 .							
6 .							
7 .							
8 .							
9 .							
10 .							
11 .							
12 .							
13 .							
14 .							
15 .							
16 .							
17 .							
18 .							
19 .							
20 .							
21 .							
22 .							
23 .							

Name of Contributor	Enter (D) if the contributor designated their donation.	Payroll Deduction Pledge for Year	Amount of CHECK	Amount of CASH	CREDIT CARD PAYMENT	BILL DONOR	TOTAL \$
24 .							
25 .							
26 .							
27 .							
28 .							
29 .							
30 .							
31 .							
32 .							
33 .							
34 .							
35 .							
36 .							
37 .							
38 .							
39 .							
40 .							
41 .							
42 .							
43 .							
44 .							
45 .							
46 .							
47 .							
48 .							
49 .							
50 .							
51 .							
52 .							
53 .							