



# 2025 DONATION REPORT ENVELOPE

**ENVELOPES MUST BE RETURNED BY**

WORKPLACE: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Campaign Coordinator: \_\_\_\_\_

Employee Count: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_:

**Maui United Way**  
PO Box 275  
Kahului, HI 96733

(808) 244-8787  
www.MauiUnitedway.org



ENVELOPE NUMBER:

RECEIPT NUMBER:

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

**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			\$
<b>TOTALS</b>		<b>\$</b>	<b>\$</b>

Audited By (Print Name & Initial)	Audit Date

  

Deposit Date	Batch Number