



combined health agencies drive

Campaign Reconciliation Sheet

Company Name: _____

Campaign Coordinator: _____

Payroll Contact: _____

Address: _____

CHAD Contacts:

Shannon Castillo
212 S 74th Street, Suite 205
Omaha, NE 68114
402-614-8500

Shonda Shirley
212 S 74th Street, Suite 205
Omaha, NE 68114
402-614-8500 (o) 402-320-4928 (c)

Number of Pay Periods: _____

Total # of Employees: _____

Total # of Givers: _____

Corporate Gift: _____

Cash/Check Givers: _____

Cash/Check Total: _____

Payroll Deduction Givers: _____

Payroll Deduction Total: _____

Credit Card Givers: _____

Credit Card Total: _____

Total Contributions: \$_____

COPORATE GIFT INFORMATION

____ Included

____ Please send my company an invoice in the amount of \$_____ for our corporate donation.

Indicate how you would like to be invoiced here: _____

Coordinator Signature: _____

Please make checks payable to:
CHAD