

Sioux Empire Combined Federal Campaign Employee Summary Report



List below all contributions including payroll deductions and cash pledges made by the contributor.

Please return one copy of this report along with your campaign envelope.

(Please do not include contributions previously reported)

Agency _____ Total No. Employed by Agency _____
 Address _____ Total No. Contributors _____
 PO Box No. _____ Payroll Deductions begin
 Zip _____ month: _____ year: _____
 Name/phone number of person handling payroll deductions: _____
 (and address if different from above) _____

(Please type if possible) Name of Contributor	Total Amount Pledged	Cash	Payroll Deduction
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
Total			