

2009 ALLIED ARTS CAMPAIGN

EMPLOYEE GIVING WORKPLACE REPORTING ENVELOPE



Please complete:

THIS REPORT IS: _____ FINAL _____ PARTIAL

NUMBER OF OKCITYCARDS NEEDED: _____

NUMBER OF TRAVEL BLANKETS NEEDED: _____
(Number should include the sample travel blanket given)

OKCITYCARDS WERE SUBSIDIZED BY THE COMPANY: YES NO

IF YES, HOW MUCH DID COMPANY/ORGANIZATION COVER? \$ _____

COMPANY/ORGANIZATION NAME _____

PREPARER'S NAME _____

CONTACT PHONE # _____

ADDRESS _____

CITY, ST, ZIP _____

EMAIL _____

1015 N. Broadway
Suite 200
Oklahoma City, OK 73102
T: 405-278-8944
F: 405-278-8998

Angye Tilley
Manager of Workplace
Giving and External Relations
angye.tilley@alliedartsokc.com
www.alliedartsokc.com
www.OKCityCard.com

TYPE OF DONATION	NUMBER OF DONORS	AMOUNT ENCLOSED
PAYROLL DEDUCTIONS*		\$
CASH		\$
CHECKS		\$
CREDIT CARDS (VISA, AMEX, MC, DISC)		\$
	TOTAL AMOUNT:	\$

***PAYROLL DEDUCTION INFORMATION:**

DEDUCTIONS WILL BEGIN ON ____/____/____ DEDUCTIONS WILL END ON ____/____/____

PAYMENTS WILL BE REMITTED TO ALLIED ARTS BEGINNING ____/____/____.

REMITTANCE FREQUENCY: WEEKLY BI-WEEKLY MONTHLY QUARTERLY

PAYROLL CONTACT INFORMATION

NAME: _____ PH #: _____

EMAIL: _____ Fx # _____

For questions about Payroll Deduction, please contact Mairvette Willis (mairvette.wills@alliedartsokc.com or 405-278-8944).

PREPARER'S SIGNATURE _____ DATE _____

For Internal Allied Arts Use Only

Received By: _____ Date: _____ Blanket Total (including sample): _____
Confirmed Total: _____