



P.O. Box 248919
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Campaign Report

SCC USE ONLY	
Envelope #	_____
Staff Initials: _____	Date: _____
Staff Initials: _____	Date: _____
Auditor 1: _____	Auditor 2: _____
Approved by: _____	Approved by: _____

TOTAL NUMBER OF EMPLOYEES: _____

1 Payroll Contact Name: _____ Email: _____ Phone: _____
 How many pay periods in your year: 12 26

2 This is the FINAL report. This is a PARTIAL report.

	# of Donors	Total Contributions	Amount Enclosed (must be completed)
Payroll Deductions (retain pink copy of pledge card for payroll)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Paid Contributions	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money from Special Events ("kiss the pig," casual day, etc.)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL (do not include any previous report totals)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

3 Number of SCC Giving Clubs Members: Anniversary Club: _____
 Meridian Club: _____
 Century Club: _____
 Millennium Club: _____

IMPORTANT! For accurate processing, this form must be filled out in its entirety.

• Retain a copy of this form for your files.

4 Preparer's Printed Name: _____ Date: _____
 Preparer's Email: _____
 Preparer's Signature: _____ Phone: _____

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