

## State Charitable Giving Campaign - Special Event Form

*Do not include employee pledge forms in special event totals.*

Department Name (no abbreviations): \_\_\_\_\_ Team Number: \_\_\_\_\_

Location:  Lincoln  Omaha  Other: \_\_\_\_\_

Individual's Name Collecting Funds: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

	<b>Amount</b>
Check(s) total:	\$ _____
Cash total:	\$ _____
<b>Special Event Summary:</b>	<b>\$ _____</b>

What was the event? \_\_\_\_\_

Report enclosed?  Yes  No

NOTES:

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UW Rep: \_\_\_\_\_ Date: \_\_\_\_\_