

(For SCO Office Use Only)  
BATCH:

REGION: 0500

COUNTY: 0508

DEPT: 5000

AGENCY: 5000

DIV: 5000

# N.C. STATE EMPLOYEES COMBINED CAMPAIGN REPORT FORM

## CURRENT INFORMATION

The information listed below is very important.  
Please make the necessary changes at the right.



## NOTE CORRECTIONS HERE

(If you have already provided us with your correct information on a previous form during this campaign year you do not need to supply the information again.)

Region: 5 County: WAKE  
University - College/Division: NCSU - COLLEGE OF HUMANITIES & SOCIAL  
School/Department: CENTER FOR COMMUNICATION IN SC  
Phone: 513-2461  
Campus Box: Box 8601  
Location:  
Dept Unit Coordinator: Scott Despain  
Number of Employees: 1

College/Division: \_\_\_\_\_  
School Department: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Campus Box: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dept Unit Coordinator: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_

THIS REPORT IS \_\_\_ PARTIAL (MORE TO COME) \_\_\_ FINAL \_\_\_ ADDITIONAL (FINAL ALREADY SUBMITTED)

**DO NOT INCLUDE PREVIOUSLY REPORTED PLEDGES!**

Type of Contribution	Number of Contributors	Column A (Amount Enclosed) Cash & Check Pledges	Column B (Unpaid Balance) Payroll & Credit Card Pledges	Column C Total <u>ANNUAL</u> Pledges
Payroll Deductions			Total Payroll Pledges \$	Total Payroll Pledges \$
Credit Card		Total Credit Card Pledges \$		Total Credit Card Pledges \$
Cash (attach each contribution to its pledge form)		\$		Total Cash Pledges \$
Checks (attach each contribution to its pledge form)		\$		Total Check Pledges \$
<b>GRAND TOTAL</b>	Total Contributors	Total Cash, Check & Credit Card Pledges \$	Total Payroll & Credit Card Pledges \$	Total of All Pledges Combined \$

If an individual contributed through payroll in addition to cash, check or credit card, please count the employee only once as a contributor in the payroll column, but record the payroll, cash, check or credit card dollar amounts as given.

Report prepared by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(please print) (signature) (date) (phone)

Report audited by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Local Campaign Organization or Approved Designee) (date) (phone)