



2017-18 CAMPAIGN MANAGER REPORT FORM

Please complete this form per the instructions provided below.
Thank you for your efforts as a Campaign Coordinator!

DATE	BATCH # (3-digit unique consecutive number)	
STATE AGENCY/UNIVERSITY NAME	PAYROLL CODE OR PAYROLL ADMINISTRATOR NAME	
CAMPAIGN MANAGER	EMAIL	PHONE

Instructions	<p>For all paper pledge forms, tally each type under Paper Pledges. For events, tally under Fundraising Money. Total each section, print and sign this form and scan all pledge forms to:</p> <p style="text-align: center;">Email: GASCCPpledgeforms@charities.org Fax: (703) 222-3867</p> <p>When emailing, be sure to include Agency name, Agency Number, and Batch number in subject. Include same on fax cover sheet. Limit batches to <u>50 pledge forms</u> or less. Complete a new batch header with each submission. <i>Batch number is unique consecutive number (first batch = 001, second batch = 002, third batch = 003, etc.)</i></p> <p>All checks should be made payable to GA SCCP. Cash and checks must be remitted daily to your Finance Department. No cash or checks are to be kept in your personal possession.</p>
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Remember: # of Individual Contributors should match the total paper pledge forms scanned in with the report.

Paper Pledges	Complete all pledge types included in this report. Enclose all required documents listed	One time pledges: If funds have been previously submitted for this batch, please include the check number and amount below	# of Individual Contributors	Total Amount
Payroll Deduction	<i>(Ensure pledge form has amount and signed)</i>			\$
One-time Cash or Check	<i>(Pledge form enclosed, checks payable to GA SCCP)</i>			\$

Fundraising Money	Use this area to designate funds to specific charities. (Optional)	\$
CHARITY EIN	CHARITY NAME	TOTAL AMOUNT

Total Submitted in this Report		\$
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Campaign Manager Signature

Date

Please direct any questions to sccp@doas.ga.gov.