



# 2011 BIG BEND CFC KEY WORKER'S REPORT ENVELOPE



Agency Name: \_\_\_\_\_

Agency Key Worker: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Please fill-in all the information requested: Amounts are for the contents of this envelope only.

**#1** Total Number of Employees  
(in your agency)

**#2** Total Number of  
Participating Employees

**#3** Payroll Deduction  
Pledges  
  
One-time Cash or  
Check Gifts  
  
Special Event Dollars  
  
TOTAL INCLUDED IN  
THIS REPORT

Number of Donors

Total Pledges and/or Gifts

**#4** \_\_\_\_\_  
Signature of person completing this report: \_\_\_\_\_ Date: \_\_\_\_\_

**Pledge Forms-White Copy to Payroll, Pink Copy to Employee.**

Please call your Combined Federal Campaign Manager with questions and/or to pick up your campaign report envelope.

STATEWIDE TOLL FREE 877-CHC-FLA7

Ginny Lioon (850)597-7745

Gwen Cooper (850)597-7745

**THANK YOU!**

**3333 W. Pensacola St. Ste 240, Tallahassee, FL 32304**