

2019 ANNUAL WORKPLACE CAMPAIGN INFORMATION FORM

Please email completed form to forms@communityshares.org

Workplace Information	
Full Workplace Name:	
Number of employees at workplace:	
Complete Mailing Address:	
Name and Title of the Head of Your Workplace:	
Website:	
Campaign Manager Contact Information	
2019 Campaign Manager: Title:	
Phone Number: Fax Number: Emai	l:
Would it be helpful to meet with someone from Community Shares?	Yes No
Campaign Information	
Start Date: End Date:	
Is the campaign being run in conjunction with a United Way campaign?	Yes No
Are there any other federations included in your campaign? Please list:	
Is your workplace a United Way Pacesetter this year?	
Are you planning a kickoff event? Yes No	Date:
Please check here if you would like information about conducting an online ca	ampaign. (This is free and Community Shares sets it up
Details Regarding Campaign Materials	
Number of brochures/ pledge forms needed:	
Number of posters needed:	
Number of report envelopes needed:	
Prefer joint pledge form (with United Way, UNCF, EarthShare Ohio, etc.)	
☐ Will use Community Shares pledge form	
Complete address for materials delivery (if different from above):	
Electronic Copies of materials needed: Yes No	
Need materials by (date):	
Additional Information	
Would you like Shares to make a presentation to your employees?	s No
Preference on a Member Group(s) to speak:	will have to recommend data.
	vill try to accommodate)
Suggestions for improving the campaign:	

THANK YOU!

Questions: Call the office at 216.361.9920 or email forms@communityshares.org