

Date: _____

WORKPLACE CLOSEOUT FORM

Email this form to your United Way contact or
development@ak.org
2026

Please provide the following information to close out your workplace campaign.

WORKPLACE INFORMATION

Workplace: _____

Number of Employees: _____

ECC Name: _____

PAYROLL DEDUCTION CONTACT INFORMATION

You should collaborate with your payroll department for this information. Please provide the contact information of the person at your workplace who is responsible for overseeing its payroll deductions.

Name: _____

Phone: _____

Email Address: _____

PAYROLL COLLECTION AND DISBURSEMENT

Our workplace will send payroll deduction contributions to United Way of Anchorage:

☐ **Monthly** ☐ **Quarterly** ☐ **Other:** _____

Our workplace will disburse payroll deduction contributions by:

☐ **Check** ☐ **Direct Deposit**

If sending a check, mail it to United Way of Anchorage, Attn: Finance, PO Box 200108, Anchorage, AK 99520. If doing a direct deposit, contact our finance team at (907) 263-3813 for ACH information.

DONOR TRACKING REPORT

Donor tracking reports allow United Way of Anchorage to match contributions with donors and honor designations. Our workplace will provide names and amounts by:

- ☐ Including it with our check.
- ☐ Emailing it to finance@ak.org.
- ☐ Other: _____

Workplaces that are generously matching employee gifts or contributing a sum to the Community Campaign overall should complete the following three **“CONTRIBUTION”** sections.

CONTRIBUTION CONTACT INFORMATION

Our workplace has designated this person to answer questions about our contribution.

Name: _____ Phone: _____

Email Address: _____

CONTRIBUTION INFORMATION

Our contribution amount is \$ _____.

Here's how we decided our contribution amount. We've checked all that apply.

- ☐ We matched employees' contributions. We used a ratio of ____ : ____.
- ☐ The generosity of our employees is considered.
- ☐ We contribute the same amount every year.
- ☐ Other factors: _____.

We have special instructions for our contribution: _____

CONTRIBUTION DISBURSEMENT

Our workplace will disburse our contribution as follows:

- ☐ **We will send our gift to United Way of Anchorage.**
- ☐ **We will send our gift to United Way of Anchorage.**
Please distribute it to the United Ways in Alaska that we've chosen.
- ☐ **We will send our gift to other United Ways in Alaska or elsewhere.**
- ☐ **Other Alaska nonprofits that we've chosen.**

Our workplace will disburse our contribution by:

- ☐ **Check**
- ☐ **Direct Deposit**

If sending a check, mail it to United Way of Anchorage, Attn: Finance, PO Box 200108, Anchorage, AK 99520. If doing a direct deposit, contact our finance team at (907) 263-3813 for ACH information.

Our workplace will send our contribution to United Way of Anchorage as selected.

- ☐ **One-time payment.** It will arrive on (or about): ____ / ____ / ____.
- ☐ **Monthly payment.** It will arrive on (or about): ____ / ____ / ____.
- ☐ **Quarterly payment.** It will arrive on (or about): ____ / ____ / ____.
- ☐ **Other payment:** _____.

Our workplace wants to receive a reminder about our contribution. Please send:

- ☐ **Invoice.** We would like it to start arriving on: ____ / ____ / ____.
- ☐ **Statement of account for outstanding balances.**
- ☐ **No invoices or statements.**

PLAN FOR NEXT YEAR'S WORKPLACE CAMPAIGN

Will the ECC that you listed earlier be who coordinates the workplace campaign next year?

☐ **Yes.**

☐ **No.** We know who
the new ECC is.

☐ **No.** The new ECC
isn't yet decided.

If the ECC for next year's workplace campaign is known, please enter their information.

Name: _____

Phone: _____

Email Address: _____

FORM SUBMISSION INFORMATION

Thank you for providing this information and for running a great campaign.

UWA contact or development@ak.org