

CARING CLUB CARD

DONOR SUMMARY



UNITED WAY
Greater High Point



BUSINESS NAME: _____

TOTAL # OF CARING GIFT DONORS: _____

ECC NAME: _____

ECC CONTACT #: _____

ECC EMAIL: _____

Please return this completed form in your campaign packet in the blue report folder to your United Way Team Member.

Keep a copy for your records, with the names of those who should receive them (table on the back to make it easy to have in one spot), so you're prepared during delivery in January 2027. Thank You!

