**(Year) Tennessee Board of Regents Employee Giving Campaign**

**(Insert Name of Institution)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type ofDeductions  |  Number of A\* Donors   |  $Amount for  IA Donors  |  Number of CH\* Donors  |  $Amount for CHDonors |  Number of CS\* Donors  |  $Amountfor CS Donors  |  Number of UW\* Donations | $Amountfor UWDonations  | Total Number of  Donors  | Total $  for All Agencies   |
| One-time only payroll deductions  |    |    |    |    |    |    |    |    |    |    |
| Regular   payroll deductions  |    |    |    |    |    |    |    |    |    |    |
| TOTAL   |    |    |    |    |    |    |    |    |    |    |

\*IA           Independent Agencies

 CH          Community Health Charities

 CS          Community Shares

 UW         United Way Agencies

                                                                                                                Number of Donors to

Number of Employees Solicited:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         More than One Agency:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                       Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                      Phone No.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                (Campus Coordinator)

***RETURN FORM  by\_\_\_(Date)\_\_\_\_\_TO:***

**HUMAN RESOURCES OFFICE**

**TENNESSEE BOARD OF REGENTS**

**1415 MURFREESBORO ROAD, SUITE 350**

**NASHVILLE, TN  37217**