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

**(Insert Name of Institution)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Deductions | Number of A\* Donors | $ Amount for  IA Donors | Number of CH\* Donors | $ Amount for CH Donors | Number of CS\* Donors | $ Amount for CS Donors | Number of UW\* Donations | $ Amount for UW Donations | 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**