2023-2024

United Way of the Dutchess-Orange Region



Company Name:						
This is a Partial Report:	This is a Final Report:		Sheet #	Sheet #		
Please do not list gifts previously reported.						
(Last Name, First Name)	Total	Community Fund Total	Payment Enclosed (Cash, Check)	To Be Collected By Employer	To Be Billed By United Way	
1.						
2.						
3.						
4.						
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TOTAL FOR THIS SHEET						