



Central Virginia Area Combined Federal Campaign

Keyworker Report: Special Event Funds Only - Report Form B

Department/Agency/Bureau _____

Office/Division/Branch/Station _____

Agency Street Address _____

Keyworker Name _____ Phone _____

Keyworker Email Address _____

Agency Coordinator Name _____ Phone _____

	Number of Contributors	Amount Contributed
Special Event Cash*		
Special Event Checks (<i>made payable to CVACFC</i>)		
Special Event Payroll Deduction Donations		
TOTAL		

**Please be sure to include a completed pledge form specifying the event type (kickoff, auction, awareness, etc.) Please submit all funds as they are received. Do NOT convert cash to a personal check.*

Date Reviewed by ACM: _____ Agency CVA#: _____

Date of Deposit: _____ Date WHITE copies to payroll office: _____

Be sure to keep a copy of this completed form for your records and submit in the envelope to your Agency Coordinator. Any questions? Please contact your Agency Coordinator, or the CFC office at 804-594-9441.

ACM Signature: _____

Keyworker Signature: _____

Thank you for volunteering be a part of the Central Virginia Area Combined Federal Campaign, bringing awareness and help to those in need.

Date Received by LE: _____

ACM Signature: _____

Loaned Executive Signature: _____

CFC NEXUS BATCH #: (Loaned Executive)

Date of Completion: (Loaned Executive)