

WORKPLACE CAMPAIGN CLOSEOUT FORM FOR OUR PHILANTHROPY REPRESENTATIVES 2024

WORKPLACE INFORMATION

Provide the information to close out a workplace's campaign.

Workplace: _____ **Number of employees:** _____

ECC name: _____ **Date:** _____

PLAN FOR NEXT YEAR'S WORKPLACE CAMPAIGN

Will the ECC listed above be who coordinates the workplace campaign next year?

- Yes.** **No.** We know who the ECC is. **No.** They haven't decided yet.

If the ECC for next year's workplace campaign is known, please enter their information.

Name: _____ **Phone:** _____

Email address: _____

Does the workplace anticipate changes in its leadership or ownership before next year?
These changes may include retirements, organizational restructuring, acquisitions, mergers, etc.

- Yes.** **No.** **Unknown.**

If they anticipate changes, please describe them.
