

*Pulling Together to Give the Good Life*

Employee ID# \_\_\_\_\_

Employee Name (please print) \_\_\_\_\_

Agency \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_

(Signature required for validation)

I wish for my gift to remain anonymous

I grant permission to recognize my gift in donor listings or other special recognition where appropriate

Please inform my designated non-profit organizations of my contribution, so that I receive acknowledgement. (Name and address required.)

(Address) \_\_\_\_\_

(City, Zip) \_\_\_\_\_

**Donation Designation**

If designating your annual donation amount please use any combination of boxes A and B. Use your brochure to determine the correct code to use. Keep the pink copy for your records.

**A. Umbrella groups:**

**Community Health Charities**

\$ \_\_\_\_\_ . \_\_\_\_\_

**Community Services Fund**

\$ \_\_\_\_\_ . \_\_\_\_\_

**United Way**

\$ \_\_\_\_\_ . \_\_\_\_\_

**B. Specific agencies:**

Code	Amount
_____	\$ _____ . _____
_____	\$ _____ . _____
_____	\$ _____ . _____
_____	\$ _____ . _____

Total annual designation (boxes A and B) should agree with total annual donation (box F).

**Donation Amount**

Please enter your donation amount below. You may donate by payroll deduction, express giving, or cash/check.

**C.  Payroll Deduction:**

amount per paycheck: \$ \_\_\_\_\_ . \_\_\_\_\_

multiplied by number of pay periods: X \_\_\_\_\_  
(24 biweekly or 12 monthly)

equals the total annual payroll deduction of: \_\_\_\_\_ . \_\_\_\_\_

or

**D. Express Giving**

- \$5 a pay period
- \$10 a pay period
- \$15 a pay period
- \$20 a pay period

multiplied by  
number of  
pay periods  
(24 biweekly  
or 12  
monthly)

equals  
total annual payroll  
deduction

\_\_\_\_\_ . \_\_\_\_\_

**E.  Cash/Check (please enclose):**

made payable to: *Charitable Giving Campaign* \_\_\_\_\_ . \_\_\_\_\_

**F. Total Annual Donation:**

\_\_\_\_\_ . \_\_\_\_\_