

Employee ID# _____

Name _____

Agency _____

Address _____

City _____

Home Zip Code _____

Home Zip Code ensures your donations are distributed in your community.

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.)

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:

Combined Health Agencies Drive	\$ _____
United Way	\$ _____
Give Nebraska	\$ _____

B. Specific agencies:

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

Total annual designation (Boxes A and B) should equal Total Annual Donation (Box F).



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*

<input type="checkbox"/> \$5 a pay period	multiplied by number of pay periods (24 biweekly or 12 monthly)	equals total annual payroll deduction
<input type="checkbox"/> \$10 a pay period		
<input type="checkbox"/> \$15 a pay period		
<input type="checkbox"/> \$20 a pay period		

E. Cash/Check (please enclose): _____
Make payable to: Charitable Giving Campaign

F. Total Annual Donation: _____