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:

Community Services Fund	$.
United Way	$.
Community Health Charities	$.

B. Specific agencies:

Code	Amount
	$.
	$.
	$.
	$.

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

Donation Amount:

2018 GROW NEBRASKA

Employee ID#:

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): .

Make payable to: Charitable Giving Campaign

F. **Total Annual Donation:**