

City of Milwaukee Employees' 2016 Combined Giving Campaign

Name (Please Print)	Org LOC	Employee ID Number
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1

Contributor's Signature - must sign to authorize deductions _____ Date _____

Home Address _____ Work Phone # _____ Home Phone # _____

City _____ State _____ Zip Code _____ Email (Optional) _____

2 Pledge Payment



Payroll Deduction Please sign above to authorize deductions.
 I pledge \$ _____ x **26** pay periods \$ _____

Check (payable to the United Way-Fiscal Agent) \$ _____

Total Pledge \$ _____

3 Name Release/Acknowledgement

To receive an acknowledgement this **box must be checked** authorizing release of your name and address to designated agencies.

4 Please indicate where you wish to designate your gift.

You may direct your entire gift to one federation, select a specific agency, or give to all federations.

A **Designate to the following federations:**



Community Health Charities of Wisconsin (#100) \$ _____

Community Shares of Greater Milwaukee (#200) \$ _____

EarthShare (#900) \$ _____



Hunger Relief Fund of Wisconsin (Adminstrated by Hunger Task Force, Inc) (#500) \$ _____

United Way of Greater Milwaukee (#300) and Waukesha County \$ _____



B **Distribute to: Community Health Charities of Wisconsin, Community Shares of Greater Milwaukee, EarthShare, Hunger Relief Fund of Wisconsin, and United Way of Greater Milwaukee and Waukesha County:** \$ _____
 If you choose this option your gift will be considered undesignated and shared by the five federations. Undesignated funds are distributed according to the percentage of designated funds received by the five federations.



C **Designate to the following agencies:** Agency# _____ Amount \$ _____
 If more than three agencies are designated please attach another pledge form. Agency# _____ Amount \$ _____
 Agency# _____ Amount \$ _____



D **Distribute to the following 501(c)(3) Health and Human Service Agency:** _____
 Designated Agency Name (Please print) _____
 Agency Address _____
 City _____ State _____ Zip _____

Add Designations A, B, C and D (must equal total pledge in part 2)

Thank You!

\$ _____

Your TOTAL DESIGNATIONS amount in this box must equal your TOTAL PLEDGE amount in section 2.

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. Pledges paid through payroll deduction also require a copy of your pay stub, W-2 or other employer document showing amount withheld. Consult your tax advisor for more information.

ONLINE OPTION: <http://mint.milwaukee.gov>