

# City of Milwaukee 2019 Employee Combined Giving Campaign

**1** Name \_\_\_\_\_ Org LOC \_\_\_\_\_ Employee ID # \_\_\_\_\_

**X** \_\_\_\_\_  
**Contributor's Signature - must sign to authorize deductions** Date \_\_\_\_\_ Work Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Personal Phone # \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

**2 Pledge Payment**

**Payroll Deduction** -- please sign above to authorize deductions  
 I pledge \$ \_\_\_\_\_ x 26 pay periods for a total gift of \_\_\_\_\_ \$

**Check** (Please make checks payable to United Way-Fiscal Agent) \_\_\_\_\_ \$

Add all lines for your **TOTAL PLEDGE** \$

*TOTAL PLEDGE amount in this box*

*Your total pledge amount in this box.*

**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 a single federation, or you may divide your gift among federations and agencies.

**A**  **Designate to the following federations:**

Community Health Charities of Wisconsin (# 100)	\$
Community Shares of Greater Milwaukee (# 200)	\$
EarthShare Wisconsin (# 900)	\$
Hunger Relief Fund of Wisconsin (Administered by Hunger Task Force Inc.) (# 500)	\$
United Way of Greater Milwaukee and Waukesha County (# 300)	\$

**B**  **General Contribution**  
 Enter the undesignated amount you want distributed equally among the 5 participating federations. \$

**C**  **Designate to the following agencies listed on charity listing:** Agency# \_\_\_\_\_ \$  
 If more than 3 agencies designated, please attach additional pledge form Agency# \_\_\_\_\_ \$  
 Agency# \_\_\_\_\_ \$

**D**  **Distribute to the following unlisted 501 (c)(3) Health and Human Service Agency:** \$

Designated Agency Name (Please Print) \_\_\_\_\_  
 Agency Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

No goods or services were provided in exchange for this contribution. Keep a copy of this form for your tax records. Payroll deduction pledges also require a copy of your pay stub or other employer document showing amount withheld. Consult your tax advisor for more information.

**Add Designations A, B, C, and D** → \$

The TOTAL DESIGNATIONS amount in this box must equal the TOTAL PLEDGE amount in Section 2