

2017 MILWAUKEE PARTNERS IN GIVING

State and University Employees

Please Print

LAST NAME

FIRST NAME

DEPT. CODE

EMPLOYEE I. D.

1 Your Signature and Today's Date

SIGNATURE

DATE

EMAIL (optional)

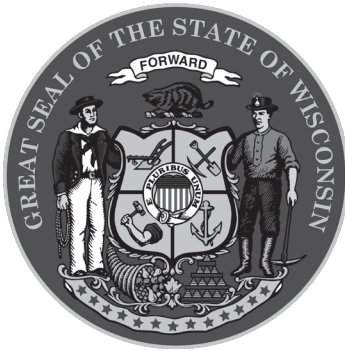
STREET ADDRESS

CITY

STATE

ZIP

2 How do you wish to give?



A. Payroll Deduction (Begin with the first paycheck in January 2018)

\$ _____ x _____ =

Amount Per Paycheck Number of Paychecks

| | | |
|----|--|--|
| \$ | | |
|----|--|--|

B. Cash (attach) _____

| | | |
|----|--|--|
| \$ | | |
|----|--|--|

C. Check (payable to United Way-CMO)

| | | |
|----|--|--|
| \$ | | |
|----|--|--|

TOTAL DONATION
(must equal the total of all amounts in part 4)

| | | |
|----|--|--|
| \$ | | |
|----|--|--|

Thank You!

3 Name Release/Acknowledgement

Your name will be provided to designated agencies, unless you check the box below:

Please DO NOT release my name to any designated agencies.

4 How do you want to help?

Please designate where your donation should go to support vital human services. You may donate to any combination of the following:

- one or more specific federations under **Part A** or
- one or more specific agencies under **Part B** or
- all federations under **Part C**

A. Federations Enter the total annual amount for each group.

| | | | |
|------|--|------|--|
| | America's Charities | | Independent Charities of America |
| 0400 | \$ | 0200 | \$ |
| | Community Health Charities | | Neighbor to Nation |
| 4200 | \$ | 0500 | \$ |
| | Community Shares of Greater Milw. | | United Performing Arts Fund |
| 4600 | \$ | 4500 | \$ |
| | EarthShare | | United Way of Greater Milwaukee & Waukesha County |
| 0900 | \$ | 3000 | \$ |
| | Global Impact | | WI Environmental Education Foundation |
| 0300 | \$ | 1000 | \$ |
| | Hunger Relief Fund of Wisconsin (Adminstrated by Hunger Task Force, Inc) | | |
| 0700 | \$ | | |

B. Specific Agencies Enter the code number and the total annual amount for each agency of your choice.

| CODE # | \$ | CODE # | \$ |
|--------|----|--------|----|
| | | | |
| | | | |
| | | | |

C. General Contribution Enter the total annual amount you want distributed among all federations.

| | |
|--|----|
| | \$ |
|--|----|

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 and C →

(must equal total donation in part 2)

| | |
|----|--|
| \$ | |
|----|--|

TOTAL DONATION

Online Giving Now Available: mkegiving.org