

# 2016 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)

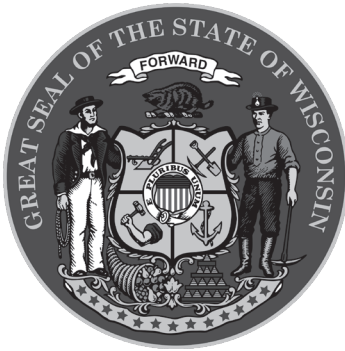
STREET ADDRESS

CITY

STATE

ZIP

## 2 How do you wish to give?



### A. Payroll Deduction *(Begin with the first paycheck in January 2016)*

\$ \_\_\_\_\_ x \_\_\_\_\_ =

Amount Per Paycheck                      Number of Paychecks

\$	_____	_____
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### B. Cash *(attach)* \_\_\_\_\_

\$	_____	_____
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### C. Check *(payable to United Way-CMO)*

\$	_____	_____
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**TOTAL DONATION**  
*(must equal the total of all amounts in part 4)*

\$	_____	_____
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**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.*

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

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

	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

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

\$	_____	_____
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*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)*

\$	_____	_____
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**TOTAL DONATION**

Online Giving Now Available: [mkegiving.org](http://mkegiving.org)