

**State Employee's Combined Campaign
Incentive Request Form**

Coordinator's Name _____

Agency/Department _____

Email: _____ Phone # _____

Date requested _____ Date needed: _____

Incentive Item & Quantity Requested:	Incentive Item & Quantity Delivered:

Please note we may not be able to fill all requests, and will do our best based upon demand and incentives we received.

Purpose of incentive:

- Silent Auction
- Auction Item
- Early Donor Drawing
- Special Event
- Internal Raffle
- Keyworker Thank You
- Training
- Other, please explain: _____

Incentive recipient: _____

Complete this form and return to: AnnMarie Alvarez
Department of Revenue
819 N. 6th Street, Room 408
Milwaukee, WI 53203
Email annmarie.alvarez@revenue.wi.gov
Fax# 414-227-4405

Disclaimer: Please notify all winners that their name will be posted on our website.