

2018 MILWAUKEE PARTNERS IN GIVING

State and University Employees

Please Print

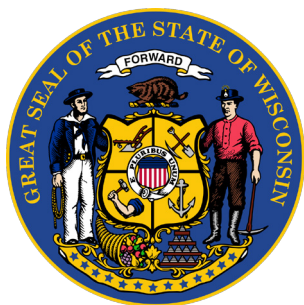
LAST NAME FIRST NAME DEPT. CODE EMPLOYEE I.D.

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 2019)

\$ _____ 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 you donation should go to support vital human services. You may donate to any combination of the following:

- one of more specific federations under **Part A** or
- one of 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		America's Best Charities
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 (Administered 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 amount in part 2)

TOTAL DESIGNATIONS

LEARN MORE or GIVE ONLINE: www.mkegiving.org