

# 2021 MILWAUKEE PARTNERS IN GIVING

State and University Employees

Please Print

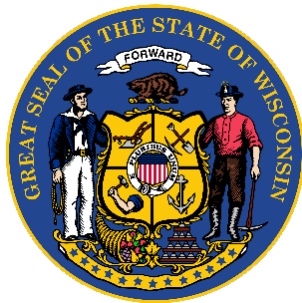
LAST NAME FIRST NAME DEPT. CODE EMPLOYEE I.D.

## 1 Your Signature and Today's Date

SIGNATURE DATE EMAIL

STREET ADDRESS CITY STATE ZIP

## 2 How do you wish to give?



**A. Payroll Deduction** (Begin with the first paycheck in January 2022)

\$ \_\_\_\_\_ 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		America's Best Charities
0400	\$	0200	\$
	Community Shares of Wisconsin		United Performing Arts Fund
4900	\$	4500	\$
	Creating Healthier Communities		United Way of Greater Milwaukee & Waukesha County
4200	\$	3000	\$
	EarthShare Wisconsin		WI Association for Environmental Education
0900	\$	1000	\$
	Global Impact		
0300	\$		
	Hunger Relief Fund of Wisconsin <small>(Administered by Hunger Task Force, Inc.)</small>		
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](http://www.mkegiving.org)