

Provide below if you wish to receive a Confirmation of your donation

Name (Print)

Home Address

Employee ID Number

City/State/Zip

Employer/Worksite

Email

Area/Department (Name and Number)

I wish my gift to be anonymous. My name and address will not be given to any charities.

1 Ways to Give

Control Number: **XXXXXX**

Payroll Deduction

I authorize the below amount to be deducted from my pay each pay period:

Amount \$ _____ per pay period X _____ pay periods/year = \$ _____ Total Annual Gift

One Year Only

Continuous - I authorize the above amount to be deducted every year until revoked by me in writing.

Check

I've enclosed my one-time gift in the amount of \$ _____ (payable to: Combined Charities Campaign)

TIP: You can also give online at www.cccquickgive.org. Payroll deduction, credit, debit, or e-check.

2 Direct my gift to the following charities:

Designate all or a portion of your gift to one or more charities. Find Codes online at www.cccquickgive.org or in Campaign Booklet.

_____	<input type="text"/>	—	<input type="text"/>	\$ _____
Charity Name				Annual Amount
_____	<input type="text"/>	—	<input type="text"/>	\$ _____
Charity Name				Annual Amount
_____	<input type="text"/>	—	<input type="text"/>	\$ _____
Charity Name				Annual Amount
_____	<input type="text"/>	—	<input type="text"/>	\$ _____
Charity Name				Annual Amount
_____	<input type="text"/>	—	<input type="text"/>	\$ _____
Charity Name				Annual Amount
TOTAL Annual Gift				\$ _____

3 Authorization:

I authorize the above amount(s) to be deducted from each pay period and paid to my designated organization(s). I understand this authorization may be revoked in writing at any time.

Signature

Date

No goods or services were exchanged in compensation for payroll contribution or cash, check and credit card donations. This donation is 100% tax deductible. Please retain a copy for your records.