

LAST NAME

FIRST NAME

DEPT. CODE

EMPLOYEE I. D.



# State and University Employees' Combined Campaign

## 1. How do you wish to give?

**A. Payroll Deduction** (Begin with the first paycheck in January 2010)

\$ \_\_\_\_\_ 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*

## 2. Your Signature and Today's Date

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## 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 umbrella groups under **Part A** or
- one or more specific agencies under **Part B** or
- all umbrella groups under **Part C**

**A. Umbrella Groups.** Enter the total annual amount for each group.

United Performing Arts Fund 4500 \$ _____	Black United Fund of Wisconsin 0800 \$ _____
Community Health Charities of WI 4200 \$ _____	United Way of Greater Milwaukee 3000 \$ _____
Community Shares of Greater Milw. 4600 \$ _____	Independent Charities of America 0200 \$ _____
Global Impact 0300 \$ _____	Earth Share 0900 \$ _____
America's Charities 0400 \$ _____	Neighbor to Nation 0500 \$ _____
Hunger Relief Fund of Wisconsin <small>(Administered by Hunger Task Force, Inc.)</small> 0700 \$ _____	WI Environmental Education Foundation 1000 \$ _____

**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 umbrella groups.

\$ \_\_\_\_\_

*All donations are tax deductible as allowed by law. Keep the pink copy for your records.*

State Employees Caring for the Community

www.secc-milwaukee.wi.gov

**CENTRAL ACCOUNTING**

LAST NAME

FIRST NAME

DEPT. CODE

EMPLOYEE I. D.



# State and University Employees' Combined Campaign

## 1. How do you wish to give?

### A. Payroll Deduction (Begin with the first paycheck in January 2010)

\$ \_\_\_\_\_ 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*

## 2. Your Signature and Today's Date

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## 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 umbrella groups under **Part A** or
- one or more specific agencies under **Part B** or
- all umbrella groups under **Part C**

### A. Umbrella Groups. Enter the total annual amount for each group.

UTE	United Performing Arts Fund 4500 \$ _____	BUFWI	Black United Fund of Wisconsin 0800 \$ _____
Sun	Community Health Charities of WI 4200 \$ _____	United Way United Way of Greater Milwaukee	United Way of Greater Milwaukee 3000 \$ _____
S	Community Shares of Greater Milw. 4600 \$ _____	ICAN	Independent Charities of America 0200 \$ _____
GLOBAL IMPACT	Global Impact 0300 \$ _____	EarthShare	Earth Share 0900 \$ _____
America's Charities	America's Charities 0400 \$ _____	Neighbor to Nation	Neighbor to Nation 0500 \$ _____
HUNGER RELIEF FUND	Hunger Relief Fund of Wisconsin (Administered by Hunger Task Force, Inc.) 0700 \$ _____	WI Environmental Education Foundation	WI Environmental Education Foundation 1000 \$ _____

### 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 umbrella groups.

\$ \_\_\_\_\_

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State Employees Caring for the Community

www.secc-milwaukee.wi.gov

**PAYROLL**

LAST NAME

FIRST NAME

DEPT. CODE

EMPLOYEE I. D.



# State and University Employees' Combined Campaign

## 1. How do you wish to give?

### A. Payroll Deduction (Begin with the first paycheck in January 2010)

\$ \_\_\_\_\_ 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*

## 2. Your Signature and Today's Date

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

## 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 umbrella groups under **Part A** or
- one or more specific agencies under **Part B** or
- all umbrella groups under **Part C**

### A. Umbrella Groups. Enter the total annual amount for each group.

	United Performing Arts Fund 4500 \$ _____		Black United Fund of Wisconsin 0800 \$ _____
	Community Health Charities of WI 4200 \$ _____		United Way of Greater Milwaukee 3000 \$ _____
	Community Shares of Greater Milw. 4600 \$ _____		Independent Charities of America 0200 \$ _____
	Global Impact 0300 \$ _____		Earth Share 0900 \$ _____
	America's Charities 0400 \$ _____		Neighbor to Nation 0500 \$ _____
	Hunger Relief Fund of Wisconsin <small>(Administered by Hunger Task Force, Inc.)</small> 0700 \$ _____		WI Environmental Education Foundation 1000 \$ _____

### 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 umbrella groups.

\_\_\_\_\_ \$ \_\_\_\_\_

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State Employees Caring for the Community

www.secc-milwaukee.wi.gov

**CONTRIBUTOR**