



The 2021 State, University & UW Health Employees Combined Campaign of Dane County

### 1. Enter your name and department or division

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ State Agency/UW Division \_\_\_\_\_ UW Unit \_\_\_\_\_

### 2. Choose your charity or charities

To give online, visit giving.wi.gov and use our secure giving site. Using this pledge form, you may give by payroll contribution or check. You may direct your gift to any combination of umbrella groups or individual charities using sections A, B, and C below.

**A** Choose one or more of the umbrella groups then enter the total amount for each group you select.

#### Local/State Umbrella Groups

400 EarthShare WI \$	1100 United Way of Dane County \$
500 Access to Community Services \$	900 Hunger Relief Fund of WI \$
2500 Wisconsin Association for Environmental Education \$	300 CHC: Creating Healthier Communities \$
200 Community Shares of WI \$	

**B** Choose one or more charities then enter the code number (from booklet) and total amount for each charity.

#### Individual Charities

	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

#### National/International Umbrella Groups

800 America's Charities \$	700 Global Impact \$
600 America's Best Charities \$	

**C** Make a general contribution to be distributed among all umbrella groups by entering the total amount to be shared.

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### 3. Choose your payment method(s) TOTALS

1. Payroll contribution (begins with the first paycheck in January 2022) \$ _____ x _____ Amount per paycheck      Number of pay periods Your Signature _____ Date _____	1. \$
2. Check (make payable to Partners in Giving or State Employee Combined Campaign) _____ Date _____	2. \$
3. <b>TOTAL DONATION</b> (must equal the total of the amounts above)	3. \$

### 4. Name release/Acknowledgement

Your name and address will be provided to your designated charities and their associated umbrella groups for acknowledgement of your gift. It is possible a charity or umbrella could publish your name as a donor unless you check the box below.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Please do not release my name to any designated charities or associated umbrellas. I prefer to remain anonymous.

### 5. Mail or email your completed form

Please mail your completed form to **Partners in Giving, PO Box 7548, Madison, WI 53707-7548** OR email your completed form to **Partnersingiving@uwdc.org**