



The 2023 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

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 \$ _____	400 	EarthShare WI \$ _____
1100 	United Way of Dane County \$ _____		

National/International Umbrella Groups

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

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

Individual Charities

	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

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

000	\$ _____
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3. Choose your payment method(s)

TOTALS

1. Payroll contribution (begins with the first paycheck in January 2024) \$ _____ 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. TOTAL DONATION (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**