



The 2025 State, Universities of Wisconsin, & UW Health Employees Combined Campaign

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

	Wisconsin Association for Environmental Education	2500	\$
	Community Shares of WI	200	\$
	United Way of Dane County	1100	\$
	United Way of Greater Milwaukee and Waukesha County	5000	\$
	United Performing Arts Fund	4500	\$
	Hunger Relief Fund of WI	900	\$

National/International Umbrella Groups

	Global Impact	700	\$
	America's Best Charities	600	\$
	CHC: Creating Healthier Communities	300	\$
	EarthShare	400	\$
	America's Charities	800	\$

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.

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3. Choose your payment method(s)

TOTALS

1. Payroll contribution (begins with the first paycheck in January 2026)	
\$ _____ X _____ Amount per paycheck Number of pay periods	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, personal email, and address will be provided to your designated charities and their associated umbrella groups for acknowledgment of your gift. It is possible a charity or umbrella could publish your name as a donor unless you check the box below.

Name _____ Email _____

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**