



The 2026 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

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

National/International Umbrella Groups

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

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 2027)	1. \$
\$ _____ X _____ Amount per paycheck Number of pay periods	
2. Check (make payable to Partners in Giving or State Employee Combined Campaign)	2. \$
_____ Date	
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**