

X

Date

(Signature required for validation)

- I wish for my gift to remain anonymous
- I grant permission to recognize my gift in donor listings or other special recognition where appropriate
- Please inform my designated non-profit organizations of my contribution, so that I receive acknowledgement. (Name and address required.)

(Address)

(City, Zip)

Enter your donation amount in the boxes below. Use any combination of A and B. Use your brochure to determine the correct code to use. Keep the pink copy for your records.

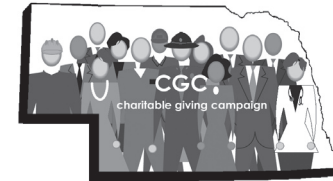
A. Umbrella groups:

<b>Community Health Charities</b>	\$	.
<b>Community Services Fund</b>	\$	.
<b>United Way</b>	\$	.

B. Specific agencies:

Code	Amount
<input type="text"/>	\$ .
<input type="text"/>	\$ .
<input type="text"/>	\$ .
<input type="text"/>	\$ .

NIS Employee #:



Payroll Deduction:  
amount per paycheck: \$ .

multiplied by number of pay periods: X  
(24 biweekly or 12 monthly)

equals the total payroll deduction of: .  
or

**New to Giving?**

- \$1 a pay period (24 biweekly)
- \$2 a pay period (12 monthly) **\$24.00**

Cash/Check (please enclose): .

made payable to: Charitable Giving Campaign

**Total donation:** .