

# WHY PAYROLL DEDUCTIONS?

Contributing in installments through payroll deduction is an easy, convenient way to give. And, it enables you to make a larger gift, spread over time.

Payroll deductions will begin in 2009 after input into the payroll system, and will be renewed at the beginning of each year. You may cancel your pledge at any time by notifying your payroll department.



# DESIGNATION INFORMATION

Part B of the pledge card is where you indicate how you would like to designate your contribution.

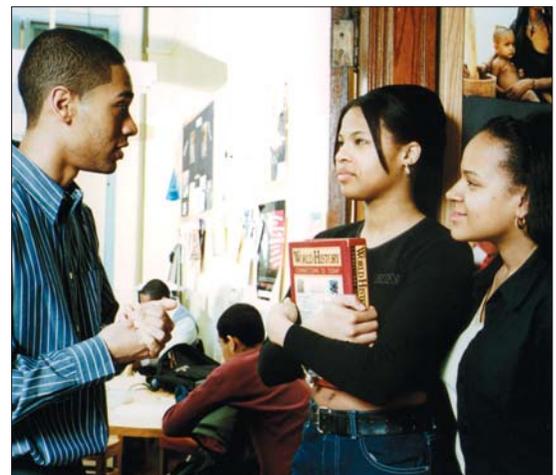
- You may choose to designate your gift to the Combined Municipal Campaign by writing in Code 0100. This means that your contribution will be shared by all of the charitable organizations participating in the campaign.

or

- You may choose up to five organizations to receive your contribution by indicating the appropriate code number and dollar amount per pay period for each organization. Designations to an organization that is part of a federation will be distributed according to guidelines mutually agreed upon by that organization and the federation.

Undesignated contributions will be pooled and distributed equally among all of the organizations participating in the CMC.

Tear off the pledge card at the perforation and fill it out completely. Please sign and return it to your CMC campaign coordinator or payroll officer by Friday, March 13, 2009.



# SUGGESTED GIVING GUIDELINES



Annual Income	26 Pay Periods Per Pay Donation	52 Pay Periods Per Pay Donation
\$10,000 - \$15,000	\$ 1.00 - \$ 3.50	\$ .50 - \$ 1.75
\$15,000 - \$20,000	\$ 3.50 - \$ 7.00	\$ 1.75 - \$ 3.50
\$20,000 - \$26,000	\$ 7.00 - \$ 9.00	\$ 3.50 - \$ 4.50
\$26,000 - \$35,000	\$ 9.00 - \$13.50	\$ 4.50 - \$ 6.75
\$35,000 - \$50,000	\$13.50 - \$19.00	\$ 6.75 - \$ 9.50
\$50,000 and up	\$19.00 and up	\$ 9.50 and up



Your contribution is tax-deductible. Please print clearly.

EMPLOYEE NAME (Please print) \_\_\_\_\_

AGENCY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

WORK SITE ADDRESS \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
SOCIAL SECURITY NUMBER

**A. PAYROLL DEDUCTION** I proudly pledge the following for each pay period:\*

- \$ \_\_\_\_\_ (amount of your choice) per pay period
- \$15.00 per pay period       \$5.00 per pay period      Please indicate how often you are paid:
- \$12.00 per pay period       \$3.00 per pay period       weekly       biweekly
- \$8.00 per pay period       \$1.00 per pay period

\* Your pledge will be automatically renewed at the beginning of each year, so you do not have to complete a pledge card every year.  
\* If you made a pledge last year and would like to change your gift amount or designated agency, please check this box  and complete the pledge card.

**B. I designate my contribution to the following nonprofit organization(s):**

_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Code #				
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
per pay period				

**C. ORGANIZATION NAME** \_\_\_\_\_

**D.** \_\_\_\_\_  
SIGNATURE (Please sign)      DATE

**E. I would like the designated nonprofit organization(s) to acknowledge my gift.\***  
 Yes       No

**F. (Optional) I would like the following organization to be considered for inclusion in next year's campaign.**

NAME OF ORGANIZATION \_\_\_\_\_

IF YES, PRINT YOUR ADDRESS \_\_\_\_\_

ORGANIZATION'S ADDRESS/TELEPHONE NUMBER \_\_\_\_\_

\*Acknowledgement will be for initial annual donation only.

**THANK YOU!**

**FOR OFFICIAL USE ONLY**

ACTION CODE  DOC NO. \_\_\_\_\_

SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

CD  JSN  PAYROLL NO. \_\_\_\_\_

EFFECTIVE DATE\* \_\_\_\_\_

\* Pledge will be automatically renewed at the beginning of each year.

DEDUCTION CODE    7570    7571    7572    7573    7574    **PMS 25**

PAYEE CODE REPORT    1\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|    1\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|    1\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|    1\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|    1\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

DEDUCTION AMT.+    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Prepared by:

PLEASE PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

REVIEWER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

KEY ENTRY OPERATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_