CMC

New York City
2004-2005

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

☐ $12.00 per pay period ☐ $3.00 per pay period

☐ $8.00 per pay period ☐ $1.00 per pay period

Please indicate how often you are paid:

☐ weekly ☐ biweekly

* 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 #	Code #	Code #	Code #	Code #
$_____ per pay period	$_____ per pay period	$_____ per pay period	$_____ per pay period	$_____ 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

_____
IF YES, PRINT YOUR ADDRESS

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

_____
NAME OF ORGANIZATION

_____
ORGANIZATION'S ADDRESS/TELEPHONE NUMBER

THANK YOU!

FOR OFFICIAL USE ONLY

ACTION CODE ___ DOC NO. _____

SSN ___ - __ - ____

CD ___ JSN ___ PAYROLL NO. ___

EFFECTIVE DATE* _____

Prepared by:

PLEASE PRINT NAME DATE

SIGNATURE TELEPHONE

REVIEWER'S SIGNATURE DATE

KEY ENTRY OPERATOR'S SIGNATURE 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.+					

SWEEPSTAKES ENTRY FORM Drawing will be held in 2005. Winners will be notified.

EMPLOYEE NAME

AGENCY

SOCIAL SECURITY NUMBER ___ - __ - ____

WORK SITE ADDRESS