

2023 Campus Charitable Fund Drive **Payroll****Deduction Pledge Form** - (please print)

Name (First and Last)		Email																																																					
Phone	M/C	Department	UIN																																																				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Add new payroll deductions</div><div>Release information</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Discontinue all current deductions on December 31, 2023 and change those deductions to my new deduction selections listed below.</div><div><input type="checkbox"/> I DO NOT wish to be contacted by the Agency</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Discontinue all current deductions on December 31, 2023.</div><div><input type="checkbox"/> I DO wish to receive acknowledgement from the Agency for my contribution</div></div> <p>Please choose deduction option: <input type="checkbox"/> Per paycheck <input type="checkbox"/> Annual</p>																																																							
<p>Select from the 11 Umbrella Agencies:</p> <table style="width: 100%;"><tr><td>American Cancer Society</td><td>America's Best Charities</td><td>America's Charities</td></tr><tr><td>Black United Fund</td><td>Community Health Charities of Illinois</td><td>Community Shares of Illinois</td></tr><tr><td>EarthShare</td><td>Global Impact</td><td>Special Olympics Illinois</td></tr><tr><td>United Negro College Fund</td><td>United Way of Champaign County</td><td></td></tr></table> <p>Many of the 11 Umbrella Agencies allow you to select specific DESIGNATIONS and you may contribute to one or more designations. Complete the form with the name of the Umbrella Agency and then specify the designation and the amount to each designation.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">Umbrella Agency Name</td><td style="width: 40%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td colspan="3">Total amount for this Umbrella Agency and associated designations</td><td>\$</td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">Umbrella Agency Name</td><td style="width: 40%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td colspan="3">Total amount for this Umbrella Agency and associated designations</td><td>\$</td></tr></table>				American Cancer Society	America's Best Charities	America's Charities	Black United Fund	Community Health Charities of Illinois	Community Shares of Illinois	EarthShare	Global Impact	Special Olympics Illinois	United Negro College Fund	United Way of Champaign County		Umbrella Agency Name				Charity Designation		Amount	\$	Charity Designation		Amount	\$	Charity Designation		Amount	\$	Charity Designation		Amount	\$	Total amount for this Umbrella Agency and associated designations			\$	Umbrella Agency Name				Charity Designation		Amount	\$	Charity Designation		Amount	\$	Total amount for this Umbrella Agency and associated designations			\$
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<p>I authorize my employer to deduct from my paycheck the amount recorded. I further understand that the payroll deduction will be effective the first pay period 2024 and will continue until I request it to be discontinued.</p> <p>Signature: _____ Date: _____</p> <p>Send Pledge Form to: Campus Charitable Fund Drive, Office of the Chancellor, 501 Swanlund Admin Bldg. MC 304, 601 E. John St., Champaign, IL 61820-5711</p>																																																							