

# STATEWIDE PARTNERS IN GIVING PLEDGE FORM











NAME \_\_\_\_\_

STATE AGENCY, DEPARTMENT OR CAMPUS \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_

**PART 1. How do you want to help?** Please indicate where your donation should go to support vital services. You may donate to any group/charity under A, B, C, or any combination of A, B, & C:

**A Participating Federations** - Enter the total annual amount for each group of your choice.

	WAAE: Wisconsin Association for Environmental Education	2500	\$
	United Way of Greater Milwaukee & Waukesha County	3000	\$
	America's Best Charities	600	\$
	America's Charities	800	\$
	CHC: Creating Healthier Communities	300	\$
	Community Shares of Wisconsin	200	\$
	EarthShare	400	\$
	Global Impact	700	\$
	Hunger Relief Fund of Wisconsin	900	\$
	United Performing Arts Fund	4500	\$

**B Specific Charities** - Enter the code number from the brochure and the total annual amount for each charity of your choice.

\$
\$
\$
\$

**C All Federations** - Make a general contribution to be distributed among all federations and their charities. Enter the total amount to be shared. If there is nothing chosen in A or B, your donation will be placed here.

000	\$
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**PART 2. How do you wish to give?**

**A** \$ \_\_\_\_\_ | \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
amount per paycheck      number of pay periods

**B Check** - (make payable to Statewide SECC, please attach) \$ \_\_\_\_\_

**C Cash** - (please attach) \$ \_\_\_\_\_

**Total Donation** = (the total of your annual gift from the left side) \$ \_\_\_\_\_

**PART 3. Your Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

X \_\_\_\_\_

**PART 4. Acknowledgement**

I would like to receive an acknowledgement:

Yes       No

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_  
(confirmation reports will be sent to those donors providing email addresses)