

2024 CITY OF MADISON COMBINED EMPLOYEE GIVING CAMPAIGN

1. I PLEDGE my support to the combined employee giving campaign to help the recipients I have indicated below.

A. Payroll contribution: Deduct \$ _____ × _____ # of pay periods = A _____

B. My check or cash contribution is enclosed (*make checks payable to MECC*) + B _____

A + B = TOTAL CONTRIBUTION

\$ _____

2. DONOR DESIGNATION

You may give to any combination of A, B, and C, but be sure that your total contribution (above) equals the sum of all the boxes in part 2.

A. I wish all or part of my contribution to be shared by all umbrellas and their charities. \$ _____

B. I designate my gift to the following umbrella groups:

Local/Statewide



National/International



GLOBAL IMPACT

200 \$ _____

400 \$ _____

1100 \$ _____

300 \$ _____

800 \$ _____

700 \$ _____

C. I designate my gift to the following charities: (*Please use charity numbers in booklet to make specific charity designations below.*)

#	\$	#	\$	#	\$	#	\$	#	\$
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3. _____

Contributor's signature

Date

I wish to remain anonymous and not have my information shared with the charities receiving this gift.

Name _____ Employee ID # _____

Department _____

Address _____

THANK YOU! Gifts are tax-deductible as allowed by law. See back for pledge form checklist.

No goods or services were provided in exchange for this contribution.

2024 DANE COUNTY COMBINED EMPLOYEE GIVING CAMPAIGN

1. I PLEDGE my support to the combined employee giving campaign to help the recipients I have indicated below.





- A. Payroll contribution: Deduct \$ _____ × _____ # of pay periods = A _____
- B. My check or cash contribution is enclosed (*make checks payable to MECC*) + B _____
- A + B = TOTAL CONTRIBUTION**
- \$ _____

2. DONOR DESIGNATION



You may give to any combination of A, B, and C, but be sure that your total contribution (above) equals the sum of all the boxes in part 2.

- A. I wish all or part of my contribution to be shared by all umbrellas and their charities. \$ _____
- B. I designate my gift to the following umbrella groups:

Local/Statewide

			
200 \$ <input style="width: 80px;" type="text"/>	400 \$ <input style="width: 80px;" type="text"/>	1100 \$ <input style="width: 80px;" type="text"/>	300 \$ <input style="width: 80px;" type="text"/>

National/International

	
800 \$ <input style="width: 80px;" type="text"/>	700 \$ <input style="width: 80px;" type="text"/>

C. I designate my gift to the following charities: (*Please use charity numbers in booklet to make specific charity designations below.*)

#	\$	#	\$	#	\$	#	\$	#	\$
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

1. _____

Contributor's signature _____ *Date* _____

I wish to remain anonymous and not have my information shared with the charities receiving this gift.

Name _____ Employee ID # _____

Department _____

Address _____

THANK YOU! Gifts are tax-deductible as allowed by law. See back for pledge form checklist.

No goods or services were provided in exchange for this contribution.

THANK YOU for contributing to the Combined Employee Giving Campaign at work! Through your contribution you will be supporting health, human, and environmental service programs throughout your community and the world.

PLEDGE FORM CHECKLIST:

- Indicate whether you are making a payroll contribution pledge and/or enclosing a cash gift or check payable to your campaign.
- Calculate your total contribution.
- Tell us how to divide your gift — Indicate the amount of money that you would like to contribute to each umbrella group and/or its specific member charities. *Charity identification numbers are available in the booklet.*
- Sign and date your pledge form to authorize payroll deduction.
- Check the box if you'd like your gift(s) to remain anonymous.
- Fill out your name, Employee ID#, and department number or name.
- Fill out your address if you'd like to receive a letter for acknowledgment of your gift(s).
- Return your completed pledge form to the campaign coordinator within your department.

If you have questions or problems completing this form, contact your campaign coordinator or reach out to the campaign fiscal agent at publicsector@uwdc.org. For questions regarding individual charities, call the number for the umbrella group or charity listed in your booklet. If you'd prefer to make a payroll or credit card gift online visit *combined-campaign.countyofdane.com*.