## YOUR GIFT MAKES A DIFFERENCE

FIDOT NAME	Consider joining a UWCFD Giving Circle leading the way as we make a world of difference. Members of this prestigious club will receive special recognition from our UW President.			
FIRST NAME				
LAST NAME	O I WISH TO PARTICIPATE AT THE FOLLOWING LEVEL:			
	O GOLD PHILANTHROPIST (\$100 + PER MONTH) O SILVER PHILANTHROPIST (\$50-99.99 PER MONTH)			
EMPLOYEE ID NUMBER	O BRONZE PHILANTHROPIST (\$25 – 49.99 PER MONTH)			
	O I PREFER TO RECEIVE NO SPECIAL RECOGNITION			
WORK EMAIL ADDRESS				
WORK PHONE NUMBER	O PLEASE DO NOT PROVIDE MY CONTACT INFORMATION TO MY CHARITIES			
WORK FIIONE NUMBER				
WORK BOX NUMBER				
CONTRIBUTIONS				
				check contribution
charity name	charity code	monthly payroll contribution	one time payroll contribution	payable to <b>CFD</b>
Friends of CFD Fund	0316854			
	TOTALS			
	1011120			
SIGNATURE				
Lunderstand that once started, my monthly navroll deduct	ions will continue u	intil I complete a new Giving F	orm or cancel by providing writ	tten notice
I understand that, once started, my monthly payroll deductions will continue until I complete a new Giving Form or cancel by providing written notice to the UWCFD office. I authorize the State of Washington to deduct the amount indicated from my pay, provided that the amount deducted is remitted				
on a regular basis in support of the Washington State Com	ibined Fund Drive o	charities as specified above.		
SIGNATURE ( required )			DATE I	
WOULD LIKE MY DONATION TO START: O NEXT AVAILABLE PAY PERIOD ON JANUARY 10, 2024				

RETURN