

YOUR GIFT MAKES A DIFFERENCE

FIRST NAME

LAST NAME

EMPLOYEE ID NUMBER

WORK EMAIL ADDRESS

WORK PHONE NUMBER

WORK BOX NUMBER

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.

- ☐ I WISH TO PARTICIPATE AT THE FOLLOWING LEVEL:

☐ GOLD PHILANTHROPIST (\$100+ PER MONTH)☐ SILVER PHILANTHROPIST (\$50 – 99.99 PER MONTH)☐ BRONZE PHILANTHROPIST (\$25 – 49.99 PER MONTH)☐ I PREFER TO RECEIVE NO SPECIAL RECOGNITION
- ☐ PLEASE DO NOT PROVIDE MY CONTACT INFORMATION TO MY CHARITIES

CONTRIBUTIONS

charity name	charity code	monthly payroll contribution	one time payroll contribution	check contribution payable to CFD
Friends of CFD Fund	0316854			
	TOTALS			

SIGNATURE

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 Combined Fund Drive charities as specified above.

SIGNATURE (required)

DATE I

WOULD LIKE MY DONATION TO START: ☐ NEXT AVAILABLE PAY PERIOD ON JANUARY 10, 2027

RETURN