

**University of Illinois at Chicago  
2019 Campus Charitable Fund Drive (CCFD)**

Full Name \_\_\_\_\_

UIN \_\_\_\_\_

Department/Unit \_\_\_\_\_

Total Contributing Employees (Group Donations) \_\_\_\_\_

Campus Mailing Address \_\_\_\_\_

M/C \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please check one: ☐ Academic Professional ☐ Civil Service ☐ Faculty

**Payroll Deduction**

A minimum of \$2 per designation is requested.

Add a new payroll deduction(s)

Discontinue all present deductions

Discontinue present deductions and replace with those listed below

If you wish to increase, decrease, or change your present deductions check discontinue present deductions and replace with those below. Write in the new charity and agency codes and new deduction amounts.

Organization Code	Agency Code	Amount Per Pay
1. _____	_____	_____
	_____	_____
	_____	_____
<b>Total amount per pay for this organization</b>		_____
2. _____	_____	_____
	_____	_____
	_____	_____
<b>Total amount per pay for this organization</b>		_____
3. _____	_____	_____
	_____	_____
	_____	_____
<b>Total amount per pay for this organization</b>		_____
4. _____	_____	_____
	_____	_____
	_____	_____
<b>Total amount per pay for this organization</b>		_____

5. Total per pay (Total lines 1-4) \_\_\_\_\_

6. Number of Pay Periods\* ☐ 12 ☐ 26

7. Annual Payroll Deduction Total  
(Line 5 times Line 6) \_\_\_\_\_

\*Deductions are per pay period and are continuous until employee sends discontinue request.

I authorize my employer to deduct from my paycheck the amount recorded in Line 7. I further understand that the payroll deduction will be effective January 1, 2020 and will continue until revoked in writing by me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**One-Time Direct Gift**

Please make Money Orders or Bankers Check payable to **Campus Chest**.

Charity Code	Amount
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

8. Total One-Time Direct Gift \_\_\_\_\_

**Remain Anonymous**

If you wish to remain anonymous, you must check the below statement and sign this "no release" section. Without a signature and check mark, your name will be included in recognition materials.

☐ I wish to remain anonymous and do not authorize the release of my name for recognition purposes.

Signature \_\_\_\_\_

**Thank you for your donation(s)!**

SECA participating charities are prohibited from releasing, sharing, or selling donor information and do not provide goods or services in whole or partial consideration for any contribution.

Please send completed pledge form(s) to:  
UIC Human Resources  
ATTN: CCFD, M/C 897  
715 S. Wood Street  
Chicago, IL 60612  
Or via fax (312) 355-3110

For questions contact UIC HR at (312) 996-5548/[specialprograms@uillinois.edu](mailto:specialprograms@uillinois.edu)