University of Illinois at Chicago
2018 Campus Charitable Fund Drive (CCFD)

Full Name_____ UIN Number_____

Department/Unit_____ Total Contributing Employees (Group Donations) _____

Complete Campus Mailing Address_____

M/C_____ Phone_____ Email_____

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

PAYROLL DEDUCTION

A minimum of **$2 per designation** is requested.

☐ Add 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._____	_____	_____
	_____	_____
	_____	_____
	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		
2._____	_____	_____
	_____	_____
	_____	_____
	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		
3._____	_____	_____
	_____	_____
	_____	_____
	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		
4._____	_____	_____
	_____	_____
	_____	_____
	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		

5. Total per pay (Total line 1-4) _____
6. Number of Pay Periods * ☐ 12 or ☐ 24
(must select 12 or 24)
7. Annual Payroll Deduction Total _____
(line 5 times line 6)

* Deductions are per pay period and are on-going/continuous until employee sends discontinue request.

I authorize my employer to deduct from my pay check the amount recorded in line 7. I further understand that the payroll deduction will be effective January 1, 2019 and **will continue until revoked in writing by me**.

Signature _____

Date _____

ONE-TIME DIRECT GIFT

Please make MONEY ORDER or BANKERS CHECK payable to:
Campus Chest

CHARITY CODE	AMOUNT
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

8. Total One - Time Direct Gift _____

THANK YOU OR 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 _____

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.

Send completed pledge forms to:

UIC Human Resources, Special Programs
ATTN: CCFD
MC 897
715 South Wood Street, HRB 201B
Or Fax to: 312-996-6807

For questions contact Rebecca Fortier 312-413-2960/ rfortier@uillinois.edu