University Of Illinois at Chicago
2011 Campus Charitable Fund Drive (CCFD)

"A minimum of $2 per designation is requested to reduce administrative costs."

Full Name_____

UIN Number_____

Department_____

Campus Address_____**M/C**_____**Phone**_____**Email**_____

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

PAYROLL DEDUCTION

☐ 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, 2012 and **will continue until revoked in writing by me**.

Signature _____

Date _____

ONE-TIME DIRECT GIFT

Please make check payable to: **Campus Chest**

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

8. Total One- Time Direct Gift

THANK YOU!

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

Signature _____

To remain anonymous you must check the above statement and sign this no release section. Without a signature and an x, your name will be included in our recognition materials.

SECA participating charities do not provide goods or services in whole or partial consideration for any contribution made by payroll deduction.

Please send completed pledge forms to:
Special Programs
CCFD M/C: 897
Or Fax them to: 312-996-6807