University Of Illinois at Chicago
2010 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: ☐ Academic ☐ Academic Professional ☐ Support Staff

PAYROLL DEDUCTION

☐ Add new payroll deduction(s)
☐ Discontinue all present deductions
☐ and replace with those listed below

If you wish to increase, decrease or change your present deductions check discontinue all deductions and replace with those below and write in the charity code and new amount pay period.

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 _____

7. Annual Payroll Deduction Total (line 5 times line 6) _____

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, 2011 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!

_____ RELEASE OF INFORMATION _____

_____ I hereby authorize the release of my name and the information on this form for consideration in the SECA Leadership Giving Circle.

I wished to be recognized in the following category:

_____ Bronze Level ($250- $499)

_____ Silver Level ($500- $999)

_____ Gold Level ($1,000 and above)

SECA participating charities do not provide good s 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