COMBINED CAMPAIGN

University of Nebraska–Lincoln
Combined Campaign for United Way

— Please Print Clearly —

1. Identification

Name _____

Personnel #_____

Date _____

2. My annual gift/pledge to the Combined Campaign is

$

X _____

Signature (required for validation)

3. Method of payment

☐ I want to give through payroll deduction:

- ☐ $_____ per bi-weekly pay check for 24 pay periods.
- ☐ $_____ per monthly pay check for 12 pay periods.

☐ Cash/Check (made payable to Combined Campaign)

☐ Credit Card: ☐ Visa ☐ MasterCard

Cardholder Name _____

Card number _____

Expiration date_____ 3-digit code _____

☐ Bill Me (starting Jan. 1): ☐ Quarterly ☐ Semi-annually ☐ Annually

Bill Me Mailing Address

City _____ State _____ Zip_____

4. Optional

☐ I wish to give to a United Way or community nonprofit program in a different city or county in Nebraska.

(Please specify below.)

_____

5. My donation

☐ Please keep my donation anonymous.

6. Check one of the following

☐ My pledge is undesignated.

(Any undesignated pledge amount will be distributed to the federations in the same proportion as the total designations by university employees.)

☐ Please distribute my pledge to the agencies below.

(I may designate my pledge, or any part of it, to a federation(s) or to a particular agency(ies). I understand that any amount I do not designate will be distributed to the federations in the same proportion as the total designations by university employees.)

Designations (*see website for agency listings*):

Federation/Agency Code No.	**Amount**
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total Pledge	$_____

Designations should equal total pledge.

Drop-off Location: 106 Canfield Administration Building

— Keep a Copy for Your Tax Records —