

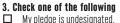
# 2016 UNL Combined Campaign for Health & Human Services

## PLEASE PRINT CLEARLY

## 1. My annual gift/pledge to the **Combined Campaign is:**

1	8
x	
~	Signature (required for validation)

2. N	lethod of Payment				
	l made my pledge ON	ILINE.			
	l want to give throug	h payroll deduct	ion:		
	□\$	per bi-weekly pay check for 24 pay periods.			
	□\$	per monthly pay check for 12 pay periods.			
	Cash/Check (made p	ayable to Combi	ned Campaign)		
	Bill (starting Jan. 1)	🗖 Quarterly	□ Semi-annually	🗖 Annually	
	Credit Card: 🛛 Vis	sa 🗖 MasterCa	rd		
Card	number				
Expiration date		3	-diait code		



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

Designations (see brochure for agency listings): Federation/Agency Code No. Amount

Total I	Pledge	
Designations should equal tota	il pledge.	

## 4. Optional

I wish to give to a United Way or community non profit program in a different city or county in Nebraska. (Please specify below.)

### 5. My donation

Lincoln

Please keep my donation anonymous.

White copy - United Way • KEEP COPY FOR YOUR TAX RECORDS

#### Name \_\_\_\_\_\_

Personnel # \_\_\_\_\_

Date