



2016 UNL Combined Campaign for Health & Human Services

PLEASE PRINT CLEARLY

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

\$

X _____
Signature (required for validation)

2. Method of Payment

- I made my pledge ONLINE.
- 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)
- Bill (starting Jan. 1) Quarterly Semi-annually Annually
- Credit Card: Visa MasterCard

Card number _____

Expiration date _____ 3-digit code _____

Name _____

Personnel # _____

Date _____



3. 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 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 Pledge _____
Designations should equal total 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

- Please keep my donation anonymous.

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