



Montgomery County Employees' Charity Campaign
Montgomery County Public Schools

Employee ID No. Employee Name Location Campaign Year
Location Name Job Code Title



YOU MAY CONTRIBUTE TO MORE THAN ONE CHARITY. CHECK ALL THAT APPLY.

I would like to contribute through the UNITED WAY

Through payroll deductions, I would like to give (per pay period, for 20 pay periods):

\$50 \$25 \$20 \$10 \$5 \$3 other \$

I would like to make a one-time check contribution of \$ (payable to UWNCA)

Please direct my donation as follows:

Montgomery County or Other Community Impact Fund: \$ annual amount

And/or, Affordable Housing Initiative And/or, Child Wellness Initiative

And/or, I would like my gift to go to (minimum annual gift of \$52):

code agency name amount code agency name amount code agency name amount

And/or, I would like to give to another health and human service agency or another United Way (minimum annual gift of \$100):

Agency/United Way Name \$ annual amount

Address

City State ZIP

If you wish your name and home address released to the organization(s) you have designated, please complete below.

Address

City

State ZIP

Do you want to hear how your contribution is making a difference?

E-mail Address

Total annual payroll deduction
Total check

I would like to contribute through the UNION COMMUNITY FUND

Through payroll deductions, I would like to give (per pay period, for 20 pay periods):

\$50 \$25 \$20 \$10 \$5 \$3 other \$

I would like to make a one-time contribution in the amount of \$

Check enclosed (payable to UCF)

If you wish to be acknowledged, please complete below:

Address

City State ZIP



Total annual payroll deduction
Total check or credit card

I would like to contribute through the MONTGOMERY COUNTY COMMUNITY FOUNDATION

Through payroll deductions, I would like to give (per pay period, for 20 pay periods):

\$50 \$25 \$20 \$10 \$5 \$3 other \$

I would like to make a one-time check contribution in the amount of \$

Check enclosed (payable to MCCF)

If you wish to be acknowledged, please complete below:

Address City State ZIP



Total annual payroll deduction
Total check or credit card

I would like to contribute through the MONTGOMERY ALLIANCE for Community Giving

Through payroll deductions, I would like to give (per pay period, for 20 pay periods):

\$50 \$25 \$20 \$10 \$5 \$3 other \$

And/or check/credit card \$

Please direct my gift as follows:

Montgomery Alliance Community Fund \$ annual amount

I would like my gift to go to:

Code annual amount code annual amount code annual amount

Use the Montgomery Alliance e-pledge system online for protected credit card donations at www.montgomeryalliance.org

If you wish to be acknowledged, please complete below:

Address City State ZIP



Total annual payroll deduction
Total check or credit card

Employee Signature Date