



2018 University of Nebraska–Lincoln Combined Campaign for Health & Human Services

– 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)
 - Bill (starting Jan. 1) Quarterly Semi-annually Annually
 - Credit Card: Visa MasterCard
- Card number _____
Expiration date _____ 3-digit code _____

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.

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: 307 Canfield Administration Building

– Keep Copy for Your Tax Records –