

THE UNIVERSITY OF CHICAGO GIVING TO HELP CAMPAIGN

Name (Print)

Home Address

University of Chicago ID

City

State

Zip Code

Department

Phone Number

1 YES! I WANT TO GIVE TO THE CHARITY OF MY CHOICE!



BY PAYROLL DEDUCTION

I authorize the following amount to be deducted from my pay each pay period:

Amount \$ _____ per month for _____ months = \$ _____ Total Annual Gift

Note: University payroll deductions will begin on January 1 and run through December 31 for a maximum of 1 year only.



BY CHECK *(Please make checks payable to individual charities, not to the University of Chicago)*

I've enclosed my one-time gift in the amount of \$ _____



I wish my gift to be anonymous. My name and addresses will not be reported to the charities I'm supporting.

2 PLEASE DIRECT MY GIFT TO THE FOLLOWING CHARITIES:

Designate all or a portion of your gift to one or more charities. Enter name, code number (from Donor Guide) and amount of your contribution. **To give to a University of Chicago Department not listed, use code #996, or to other agencies not listed, use code #999 and provide name, address city, state, and zip code.**

_____ Charity Name/Address/City/State/Zip	<div><div></div><div></div><div></div></div> — <div><div></div><div></div><div></div><div></div></div>	\$ _____ Annual Amount
_____ Charity Name/Address/City/State/Zip	<div><div></div><div></div><div></div></div> — <div><div></div><div></div><div></div><div></div></div>	\$ _____ Annual Amount
_____ Charity Name/Address/City/State/Zip	<div><div></div><div></div><div></div></div> — <div><div></div><div></div><div></div><div></div></div>	\$ _____ Annual Amount
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_____ Charity Name/Address/City/State/Zip	<div><div></div><div></div><div></div></div> — <div><div></div><div></div><div></div><div></div></div>	\$ _____ Annual Amount
TOTAL		\$ _____
Annual Gift		

3 AUTHORIZATION:

I hereby authorize deduction of the amount shown above from each pay period and payment of the amount(s) so deducted to the proper charity or federation as indicated. I understand that this authorization may be revoked by me in writing at any time.

Signature

Date

Please return this form to Swift 204.

Your gift will help change lives! THANK YOU!