



COMMUNITY GIVING CAMPAIGN

..... Our Giving Changes Lives

Name _____ Employee ID _____ School Site _____ Work phone _____

Step 1: Enter the amount PER PAY PERIOD OR the amount of your personal check you would like to contribute. Add up the total.

Federation Name	PAY PERIOD (1, 21, or 26)	Amount PER PAY PERIOD	One – time donation (checks made payable to the federation/charity listed at left)	Total Gift
Community Health Charities Minnesota	1, 21, OR 26	\$		\$
Community Shares of Minnesota	1, 21, OR 26	\$		\$
Greater Twin Cities United Way	1, 21, OR 26	\$		\$
Minnesota Environmental Fund	1, 21, OR 26	\$		\$
Open Your Heart to the Hungry & Homeless	1, 21, OR 26	\$		\$
United Negro College Fund	1, 21 OR 26	\$		\$
Write-in	1, 21 OR 26	\$		\$
TOTAL DONATION(s)		\$		\$

Step 2: Designate your gift:

Name of Federation	Name of Designated Non-Profit	Amount of Gift to Designee

Step 3: Authorization and Acknowledgment

I hereby authorize the Saint Paul Public Schools to deduct the amount designated above. Authorization may be revoked by me in writing at any time after it has been in effect for 60 days. I agree that the Saint Paul Public Schools is released by any liability for failure to make a proper deduction or transfer.

_____ FOR SPSS

DATE

EMPLOYEE SIGNATURE

PLEASE REVIEW YOUR FORM BEFORE YOU TURN IT IN

If you would like acknowledgment of your gift, please check and complete one of the following:

- Send to this mailing address: _____
- Send to this email address _____
- Do not send acknowledgment for my gift.

Thank you for your gift! – Return this form to your department coordinator by December 8th.

*The charities listed above make the assurance that no goods or services were received in exchange for this contribution.
Keep a copy of this form for tax purposes per IRS regulations*