



Employee Charity Campaign Montgomery County Public Schools



Please complete the form, sign and return to your location coordinator.

Employee ID No.	Employee Name	Location Number	Campaign Year 2012
Location Name		Job Code	E-mail Address

If you wish to be acknowledged, please complete below:

Address _____ City _____ State _____ Zip _____

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

UNITED WAY of the National Capital Area

Through payroll deductions, I would like to give \$_____ (write in amount) per pay period, for 20 pay periods.

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

If you would like to direct part or all of your donation, please check the appropriate boxes:

Montgomery County Community Impact Fund \$_____ (annual amount)

Other Regional Community Impact Fund \$_____ (annual amount)

Alexandria Arlington DC Fairfax/Falls Church Loudoun Prince George's Prince William

Community Impact Fund for a specific cause \$_____ (annual amount)

Basic Needs Education Financial Stability Health

I would like my gift to go to a specific agency (for a list of agencies and codes check the MCPS Cares website):

Code	Agency Name	Amount	Code	Agency Name	Amount	Code	Agency Name	Amount

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

Agency/United Way Name _____ Address _____

City _____ State _____ Zip _____

For Official Use Only
\$ _____
Total annual payroll deduction
\$ _____
Total annual payroll deduction

UNION COMMUNITY FUND

Through payroll deductions, I would like to give \$_____ (write in amount) per pay period, for 20 pay periods.

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

For Official Use Only
\$ _____
Total annual payroll deduction
\$ _____
Total annual payroll deduction

MONTGOMERY ALLIANCE for Community Giving

Through payroll deductions, I would like to give \$_____ (write in amount) per pay period, for 20 pay periods.

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

Please direct my donation as follows:

Montgomery Alliance Community Fund

I would like my gift to go to:

For Official Use Only
\$ _____
Total annual payroll deduction
\$ _____
Total annual payroll deduction

Code	Agency Name	Amount	Code	Agency Name	Amount	Code	Agency Name	Amount

COMMUNITY FOUNDATION for Montgomery County

Through payroll deductions, I would like to give \$_____ (write in amount) per pay period, for 20 pay periods.

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

For Official Use Only
\$ _____
Total annual payroll deduction
\$ _____
Total annual payroll deduction

Employee Signature _____ Date ____/____/____