

NAME _____ WORK NO. () _____ DIV./DEPT. _____ LOC. CODE _____

(PLEASE PRINT INFORMATION ABOVE)



COLORADO COMBINED CAMPAIGN



720-214-0314

State Employees' Charitable Giving Program

<p>CONTRIBUTIONS: PAYROLL DEDUCTION OR SINGLE DONATION</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>LEADERSHIP GIVING CLUB \$1000 or more = Gold Level \$500 - \$999 = Silver Level</p> </div> <p>PAYROLL DEDUCTION:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$80 X 12 = \$960</td> <td><input type="checkbox"/> \$15 X 12 = \$180</td> </tr> <tr> <td><input type="checkbox"/> \$60 X 12 = \$720</td> <td><input type="checkbox"/> \$10 X 12 = \$120</td> </tr> <tr> <td><input type="checkbox"/> \$40 X 12 = \$480</td> <td><input type="checkbox"/> \$ 5 X 12 = \$60</td> </tr> <tr> <td><input type="checkbox"/> \$20 X 12 = \$240</td> <td><input type="checkbox"/> \$ 2 X 12 = \$24</td> </tr> </table> <p><input type="checkbox"/> \$ _____ X _____ = \$ _____ <small>AMOUNT MONTHS TOTAL</small></p>	<input type="checkbox"/> \$80 X 12 = \$960	<input type="checkbox"/> \$15 X 12 = \$180	<input type="checkbox"/> \$60 X 12 = \$720	<input type="checkbox"/> \$10 X 12 = \$120	<input type="checkbox"/> \$40 X 12 = \$480	<input type="checkbox"/> \$ 5 X 12 = \$60	<input type="checkbox"/> \$20 X 12 = \$240	<input type="checkbox"/> \$ 2 X 12 = \$24	<p>BY: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card</p> <p>OF: \$ _____</p> <p>MAKE CHECKS PAYABLE TO <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CCC</div></p>	<p>DESIGNATION CHOICE(S)</p> <p>DESIGNATE THE UMBRELLA CHARITY(S) OR CHARITY(S) OF YOUR CHOICE THE 4 DIGIT ID NUMBER IS IN YOUR BROCHURE.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">UMBRELLA OR CHARITY</th> <th style="width: 30%;">AMOUNT - YEARLY TOTAL</th> </tr> </thead> <tbody> <tr><td>1</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>2</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>3</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>4</td><td style="text-align: center;">\$ _____</td></tr> <tr><td>5</td><td style="text-align: center;">\$ _____</td></tr> </tbody> </table> <p style="font-size: 0.8em;">MINIMUM IS \$1.00 PER MO. OR \$12 PER DESIGNATION.</p>	UMBRELLA OR CHARITY	AMOUNT - YEARLY TOTAL	1	\$ _____	2	\$ _____	3	\$ _____	4	\$ _____	5	\$ _____
<input type="checkbox"/> \$80 X 12 = \$960	<input type="checkbox"/> \$15 X 12 = \$180																					
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1	\$ _____																					
2	\$ _____																					
3	\$ _____																					
4	\$ _____																					
5	\$ _____																					
<p>PLEASE DEDUCT THE ABOVE AMOUNT FROM MY PAY</p> <p>SIGNATURE _____ DATE _____</p>	<p>AGENCY: _____</p>																					

Please charge \$ _____ to my credit card. Credit Card No.: _____
 Visa MasterCard Expiration Date: _____

SIGNATURE: _____ DATE: _____

(CREDIT CARD CHARGES WILL APPEAR AS: Community Health Charities of Colorado.)

Gift acknowledgement from charity(s)? Yes No If yes, complete the following:
 HOME ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

DETACH HERE (PAYROLL COPY)
COLORADO COMBINED CAMPAIGN **PAYROLL COPY**

NAME _____ WORK NO. () _____ DIV./DEPT. _____ LOC. CODE _____

I AUTHORIZE THE AMOUNT SHOWN TO BE DEDUCTED FROM MY PAY

TOTAL MONTHLY PAYROLL DEDUCTION: \$ _____ X _____ = \$ _____
AMOUNT MONTHS TOTAL

PLEASE NOTE: All payroll deductions will begin in January of the following year.

X _____
 CONTRIBUTOR'S SIGNATURE _____ DATE _____ SOCIAL SECURITY NO. _____

DETACH HERE (DONOR'S COPY)
THANK YOU FOR CONTRIBUTING TO THE COLORADO COMBINED CAMPAIGN **DONOR'S COPY**

NAME _____ WORK NO. () _____ DIV./DEPT. _____ LOC. CODE _____

UMBRELLA OR CHARITY	AMOUNT - YEARLY TOTAL
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____

CONTRIBUTION \$ _____