

2021 Payroll Deduction Pledge Form
Minnesota State Employees' Combined Charities Campaign
We Build Better Lives in Minnesota

Name _____ Division/Agency _____ Work phone _____ # of pay periods _____

Step 1: Enter the amount PER PAY PERIOD you would like to contribute next to the name of the charitable federation.

Federation	Amount	Federation	Amount
Community Health Charities MN		United Way of Hastings	
Crow Wing County/Lakes Area UW		United Way of Mower County, Inc.	
Greater Mankato Area United Way		United Way of Nobles County	
Greater Twin Cities United Way		United Way of Northeastern MN	
Head of the Lakes United Way (fka Greater Duluth UW)		United Way of Otter Tail & Wadena Counties	
Local Independent Charities of Minnesota/America's Best Charities		United Way of Southwest Minnesota	
Open Your Heart to the Hungry and Homeless		United Way of St. Croix Valley, Inc.	
PeaceMaker Minnesota		United Way of Steele County	
Rice County Area United Way		United Way of Washington County- East, Inc.	
UNCF (United Negro College Fund)		United Way of West Central Minnesota	
United Way Pipestone County		Women's Foundation of Minnesota	
United Way of 1000 Lakes			
United Way of Becker County			
United Way of Bemidji Area			
United Way of Brown County Area, Inc.			
United Way of Carlton County			
United Way of Cass-Clay			
United Way of Central Minnesota			
United Way of Douglas & Pope Counties			
United Way of Goodhue, Wabasha & Pierce Counties			

Step 2: Designate your gift – go to the [State of Minnesota Combined Charities Campaign Website](#) for information on charitable federations' affiliated charities and designation policies.

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

Step 3: Authorization and Acknowledgment
 I authorize the payroll deduction of my gift _____

(signature)

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.

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

Return to:

Thank you for your gift!

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"We Build Better Lives in Minnesota"

For more information or assistance, please email combinedcharities.mmb@state.mn.us
or visit the [State of Minnesota Combined Charities Campaign Website](#)

Tennessee Warning Notice (intent to collect private data)

The information you provide to make voluntary deductions on this payroll deduction pledge form will be used to enter your charitable gift, by payroll deduction, to federations and charitable organizations you specified which are participating in the Minnesota State Employees Combined Charities Campaign. You are not obligated in any way to provide a charitable contribution and no negative consequences will result from your decision. If you choose to donate, you will need to specify the organization(s) to receive donations and the dollar amount so that your donation can be processed. The only consequence for not providing the requested information is you will not be able to donate to participating charitable organizations through payroll deduction.

Designated Management & Budget staff, your employer's designated human resources staff, and the federations and charities to which you have designated or requested an acknowledgment, will have access to your information. Designated Combined Charity Board members may access your data in order to help process your charitable gift. Your data indicating one-time gifts and donations to affiliated organizations will be sent to the organizations specified. If there are any questions regarding your donation, the contact information you enter will be used to contact you. Others who may have legal authority to access donation data include representatives of the Legislative Auditor, enforcement agencies with statutory authority, and persons authorized by court order.

Thank you for your gift!