# 2023 Pledge Form - Minnesota State Employees’ Combined Charities Campaign

Name Employee ID

Division/Agency Work Phone

**Step 1:** Enter the amount PER PAY PERIOD (to be deducted 26 times), a one-time payroll deduction or the amount of your personal check you would like to contribute. Add up the total in the final row.

| **Federation/Charity** | **Amount PER PAY PERIOD (x26)** | **Total yearly deduction** | **ONE-TIME donation via payroll deduction** | **ONE-TIME donation via check (Make payable to federation/charity)** | **Total gift per federation/charity** |
| --- | --- | --- | --- | --- | --- |
| CHC: Creating Healthier Communities |  |  |  |  |  |
| Greater Mankato Area United Way |  |  |  |  |  |
| Greater Twin Cities United Way |  |  |  |  |  |
| Head of the Lakes United Way |  |  |  |  |  |
| Lakes Area United Way |  |  |  |  |  |
| Local Independent Charities of Minnesota |  |  |  |  |  |
| Open Your Heart to the Hungry and Homeless |  |  |  |  |  |
| PeaceMaker Minnesota |  |  |  |  |  |
| Rice County Area United Way |  |  |  |  |  |
| United Negro College Fund |  |  |  |  |  |
| United Way of 1000 Lakes |  |  |  |  |  |
| United Way of Becker County |  |  |  |  |  |
| United Way of Bemidji Area |  |  |  |  |  |
| United Way of Carlton County |  |  |  |  |  |
| United Way of Cass-Clay |  |  |  |  |  |
| United Way of Central Minnesota |  |  |  |  |  |
| United Way of Douglas and Pope Counties |  |  |  |  |  |
| United Way of Goodhue, Wabasha & Pierce Counties |  |  |  |  |  |
| United Way of Hastings |  |  |  |  |  |
| United Way of Mower County |  |  |  |  |  |
| United Way of Northeastern Minnesota |  |  |  |  |  |
| United Way of Olmsted County |  |  |  |  |  |
| United Way of Otter Tail & Wadena Counties |  |  |  |  |  |
| United Way of Pipestone County |  |  |  |  |  |
| United Way of Southwest Minnesota |  |  |  |  |  |
| United Way of Steele County |  |  |  |  |  |
| United Way of the Brown County Area, Inc. |  |  |  |  |  |
| United Way of Washington County East |  |  |  |  |  |
| United Way of West Central Minnesota |  |  |  |  |  |
| United Way St. Croix Valley |  |  |  |  |  |
| Women's Foundation of Minnesota |  |  |  |  |  |
| TOTAL DONATION(s) | - | - | - | - |  |

**Step 2:** To designate your gift to any 501(c)3, put the name of one of the federations that allows designations in the first column. Put the name and address of your 501(c)3 in the next column. Put the total gift amount in the third column.

|  |  |  |
| --- | --- | --- |
| Name of Federation | Name of Designated Non-Profit (501(c)3) | Amount of Gift to Designee  |
|  |  |  |
|  |  |  |

**Step 3**: Authorization and Acknowledgment for Payroll Deduction (No signature necessary for check donations.)

I authorize the payroll deduction of my gift. Authorization may be revoked by me in writing at any time after it has been in effect for 60 days.

EMPLOYEE SIGNATURE DATE

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.

**Tennessen 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!***

**Return this form and any cash or checks to your department coordinator by Oct 13, 2023.**

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.