

# Oregon Employees' Charitable Fund Drive 2006

Please print clearly and complete all necessary boxes below.

Employee Name	State Agency	Social Security or Employee ID # <small>(if payroll contribution)</small>
City of Workplace	County of Workplace	Work Phone

## Acknowledgement

I would like my contributions acknowledged by the recipient charities at the address below.

Address	City	State	Zip	Email Address
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## CHOOSE YOUR NONPROFIT ORGANIZATIONS

To designate one or more agencies or federated groups that appear in the brochure, fill in the agency or federation number(s) and the annual dollar amounts.

Agency Code	Annual Amount	Agency Code	Annual Amount

## CHOOSE PAYMENT METHOD

Payroll Contribution: \_\_\_\_\_ x  $\frac{12}{\text{[# of paychecks]}}$  = \$ \_\_\_\_\_  
[amount per paycheck]

Cash (please attach): \$ \_\_\_\_\_

Check (make payable to Charitable Fund Drive): \$ \_\_\_\_\_

Credit Card (fill out information below): \$ \_\_\_\_\_

[Credit card contributions are processed by Children's Trust Fund of Oregon]

VISA

Mastercard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## MAKE IT OFFICIAL

I authorize the State of Oregon, as my employer, to withhold from my salary the amount as indicated to the left beginning on January 1, 2007 paid directly to the funds and/or federations I have indicated.

\_\_\_\_\_  
Signature (needed for payroll contribution)

\_\_\_\_\_  
Today's date

My gift of \$500 or more qualifies me to receive a Governor's Cup .

Please do not send me a Governor's Cup.

**Thank you for investing in what you care about!**

Black United Fund of Oregon, Inc. • Children's Trust Fund of Oregon • Community Health Charities of Oregon • Earth Share of Oregon  
 • Local Independent Charities • Equity Foundation • Habitat for Humanity of Oregon • United Ways and United Funds

White—Payroll • Yellow—Envelope • Pink—Donor