



Workplace Campaign Donor Contribution Form

Employer: _____

Employee Name: _____
Last First MI

Address: _____
Street City State Zip Code

Department: _____ Work Site: _____

Phone: _____ Work E-mail: _____

Campaign Coordinator: _____

Yes, I believe that "A mind is a terrible thing to waste"[®] and would like to support UNCF's mission of educating young, talented and deserving students with my gift of:

Payroll Deduction: Please deduct the following amount per pay period:
 \$200 \$100 \$50 \$25 \$15 \$5 Other \$ _____

I hereby authorize my employer to deduct the designated amount checked per pay period. UNCF does not provide goods or services as a whole or partial consideration for this contribution.

Donor Signature _____ Date: _____

I Would Like To Make A One Time Gift:
 Credit/Debit Card Donation: American Express DC MC Visa Other _____
Card Number: _____ Exp. Date: _____
Amount: \$ _____ Authorized Signature: _____ Date: _____
 Personal Check \$ _____ Money Order \$ _____ Cash \$ _____

I would like to receive written acknowledgement of my gift.

Please add me to your mailing list.

Thank you for your support
Your gift will help change America . . . one degree at a time.