

Support Duluth and our surrounding communities



Pledge Form Instructions:

1. Specify payroll deduction or one-time giving.
2. Specify which agency (ies) you would like to contribute. If choosing specific organizations for Community Health Charities, Community Shares of Minnesota, the Head of the Lakes United Way or the Minnesota Environmental Fund, please see reverse side.
3. Specify dollar amount(s).
4. For one-time giving, please include check(s) payable to each charitable fund you select.
5. Sign and return Tracey Lundgren, 1049 University Drive, 209 Darland Administration Building, Duluth, MN 55812.

<input type="checkbox"/> PAYROLL DEDUCTION (Based on 26 pay periods.) (Check the amount you wish deducted per pay period)								<input type="checkbox"/> ONE-TIME GIVING	
NAME OF CHARITABLE FUND	\$25	\$20	\$15	\$10	\$5	\$1	Other	Please fill in the amount and write check(s) payable to fund that you selected.	
								Direct Billing \$25 Minimum	COMPLETE MAILING SECTION ON THE BACK.
*Community Health Charities									Direct Billing N/A
*Community Shares of Minnesota									Direct Billing N/A
*Head of the Lakes United Way									*See back page to note designation.
Minnesota Environmental Fund									
Open Your Heart									
United Negro College Fund									

I understand that my gift is a voluntary and personal decision and will support services in the coming year. I authorize my employer to deduct from my paycheck the amount indicated in the PAYROLL DEDUCTION section above or I authorize billing as indicated.

Printed Name

Employee ID

Signature (Required for payroll deduction & direct billing)

Date

Phone

***Please complete the following section if you choose to designate your gift to a specific agency within the [COMMUNITY HEALTH CHARITIES](#).**

Community Health Charities <small>(See website for list of agencies)</small>	Dollars Designated

Please make checks **for the agencies above** payable to Community Health Charities. Thank you.

In Honor or Memory of a Loved One	
Please send a tribute card (circle one): in honor in memory	
First Name <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
Address <input style="width: 98%;" type="text"/>	
CHC Charity <input style="width: 98%;" type="text"/>	

***Please complete the following section if you choose to designate your gift to a specific agency within the [COMMUNITY SHARES OF MINNESOTA \(United Arts Fund\)](#).**

Community Shares of Minnesota <small>(See website for list of agencies)</small>	Dollars Designated

Please make checks **for the agencies above** payable to Community Shares of Minnesota. Thank you.

***Please complete the following section if you choose to designate your gift to a specific agency within the [MINNESOTA ENVIRONMENTAL FUND](#).**

Minnesota Environmental Fund Agencies <small>(See information packet for list of agencies)</small>	Dollars Designated

Please make checks **for the agencies above** payable to Minnesota Environmental Fund. Thank you.

***Please complete the following section if you choose to designate your gift to a specific agency within the [HEAD OF THE LAKES UNITED WAY](#). Please *circle* your area of designation: Ashland/Bayfield; Greater Duluth; North Shore or Superior-Douglas County.**

Head of the Lakes United Way Agencies <small>(See website for list of agencies)</small>	Dollars Designated

Please make checks **for the agencies above** payable to the Head of the Lakes United Way. Thank you.

Complete this section if you would like an acknowledgement of your direct billing. This information will be sent to the Charitable Fund(s) you choose and will not be used by the Charitable Fund(s) or designated agencies for further solicitation.
MAILING ADDRESS:
Street <input style="width: 40%;" type="text"/> City/State <input style="width: 30%;" type="text"/> Zip <input style="width: 30%;" type="text"/>

Your contributions will be mailed monthly to these organizations.