## CITY OF CHICAGO EMPLOYEE CHARITABLE CONTRIBUTIONS ALLOCATION FORM

I wish to donate the following amount of money each pay period.

()\$10.00

( )\$15.00

()\$3.00

()\$5.00

Employee Name		
LAST 4 Digits of SSN & Emp#	XXX-XX-	/
Phone Number		
Department		

The City of Chicago maintains a payroll deduction so that you can contribute to a wide variety of non-profit series charities. The Charitable Profile Booklet gives specific information on the program and interest of each group. You can choose up to 10 charitites. At least 10% of your total donation must be given to any one charity. (Use only whole percentages.)

( )Other \$

( )\$20.00

( ) Discontinue donation			
Charity Name		Charity Pecentages	
AMERICAN CANCER SOCIETY	1		
AMERICAN HEART ASSOCIATION	2		
BLACK UNITED FUND OF ILLINOIS	3		
COMMUNITY HEALTH CARE OF ILLINOIS	4		
EARTH SHARE OF ILLINOIS	5		
SPECIAL OLYMPICS OF ILLINOIS	6		
AFTER SCHOOL MATTERS	7		
GLOBAL IMPACT	8		
LITTLE CITY FOUNDATION	9		
BIG BROTHERS AND BIG SISTERS	10		
MARCH OF DIMES BIRTH DEFECTS	11		
SICKLE CELL DISEASE ASSOCIATION OF ILLINOIS	12		
UNITED NEGRO COLLEGE FUND	14		
UNITED WAY	15		
EASTER SEALS SOCIETY	16		
NATIONAL HISPANIC SHOLARSHIP FUND	17		
MISERICORDIA HEART OF MERCY	18		
MUSCULAR DYSTROPHY ASSOCIATION	19		
100 CLUB	20		
COMMUNITY SHARES OF ILLINOIS	21		
PREVENT CHILD ABUSE AMERICA	22		
CHICAGO HUMANITIES FESTIVAL	23		
CHILDREN'S ADVOCACY CENTER	24		
CFDC CHARITIES INC.	25		
RAINBOWS FOR ALL GOD'S CHILDREN	26		
SPECIAL CHILDREN'S CHARITIES	27		
THE VIII COLIELTY COCIETY	20		

(Must be 100% to be valid)

ENDE, MENZER, WALSH & QUINN Retirees'

Widows and Children's Assistance Fund

KIDS IN DANGER

I authorize the City of Chicago to deduct the above specified contribution on a pay-period basis and distribute this contribution as indicated This Authorization supersedes any previous authorization.

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Signature	Date
Please return form to Department of Finance via interoffice n	nail to Charities Coordinator 222 S State St. Rm22