

Individual Choices. Effective Changes.

NAME _____

EMPLOYER _____

HOME ADDRESS (OPTIONAL) _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (OPTIONAL) _____

EMAIL ADDRESS (WORK OR HOME) _____

I CHOOSE TO SUPPORT (select one):

- Community Shares of Greater Milwaukee
- The following organization(s):

| Agency Name (or Code #) | Amount per Pay Period |
|-------------------------|--------------------------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |

CS will forward contributions to any registered 501(C)(3) organization so long as its mission or purpose is not contrary to our values of social justice, public safety and a healthy environment.

Your contribution helps fund organizations that build social & economic equity and a healthy environment. Your donation is tax deductible as permitted by law.
Coordinator: Please make 2 copies of this pledge form — one for Employee and one for Payroll. Original goes to Community Shares of Greater Milwaukee.

PAYROLL DEDUCTION

A. I authorize the amount below to be deducted from each scheduled paycheck:

\$20 \$10 \$5 Other \$ _____

B. I am paid (check one only):

weekly (x 52) every 2 weeks (x 26) twice monthly (x 24) monthly (x 12)

Annual amount of Payroll Deduction (A x B) = \$ _____

CASH OR CHECK

Make check payable to Community Shares of Greater Milwaukee.

\$ _____

EFT – ELECTRONIC FUNDS TRANSFER

Fill out enclosed EFT Form and return it with your pledge card.

\$ _____

CREDIT CARD

Discover VISA Master Card

\$ _____

Name on card _____

Credit Card # _____ Exp. Date _____

- Do not release my name to any designated agencies.
- Please keep my gift anonymous.

Thank You!



You may also donate online at our
simple and secure website:
www.milwaukeeshares.org

1845 N. Farwell Ave., Suite 102
Milwaukee, Wisconsin 53202
414-342-0883