



University of Illinois at Urbana-Champaign
2025 Campus Charitable Fund Drive
Payroll Deduction Pledge Form - (please print)

PD

Name (First and Last)		Email																																																					
Phone	M/C	Department	UIN																																																				
☐ Add new payroll deductions ☐ Discontinue all current deductions on December 31, 2025 and change those deductions to my new deduction selections listed below. ☐ Discontinue all current deductions on December 31, 2025. ☐ I DO NOT wish to be contacted by the Agency ☐ I DO wish to receive acknowledgement from the Agency for my contribution Please choose deduction option: ☐ Per paycheck ☐ Annual																																																							
Select from the 10 Umbrella Agencies: <table><tr><td>America's Best Charities</td><td>America's Charities</td><td>Black United Fund</td><td>Community Shares of Illinois</td></tr><tr><td>CHC: Creating Healthier Communities</td><td>EarthShare</td><td>Global Impact</td><td>Special Olympics Illinois</td></tr><tr><td>UNCF</td><td>United Way of Champaign County</td><td></td><td></td></tr></table> Most of the 10 Umbrella Agencies allow you to select specific CHARITY DESIGNATIONS and you may contribute to one or more designations. Complete the form with the name of the Umbrella Agency and then specify the designation and the amount to each designation. <table border="1"><tr><td>Umbrella Agency Name</td><td></td><td></td><td></td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td></td><td colspan="2">Total amount for this Umbrella Agency and associated designations</td><td>\$</td></tr><tr><td>Umbrella Agency Name</td><td></td><td></td><td></td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td>Charity Designation</td><td></td><td>Amount</td><td>\$</td></tr><tr><td></td><td colspan="2">Total amount for this Umbrella Agency and associated designations</td><td>\$</td></tr></table>				America's Best Charities	America's Charities	Black United Fund	Community Shares of Illinois	CHC: Creating Healthier Communities	EarthShare	Global Impact	Special Olympics Illinois	UNCF	United Way of Champaign County			Umbrella Agency Name				Charity Designation		Amount	\$	Charity Designation		Amount	\$	Charity Designation		Amount	\$	Charity Designation		Amount	\$		Total amount for this Umbrella Agency and associated designations		\$	Umbrella Agency Name				Charity Designation		Amount	\$	Charity Designation		Amount	\$		Total amount for this Umbrella Agency and associated designations		\$
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I authorize my employer to deduct from my paycheck the amount recorded. I further understand that the payroll deduction will be effective the first pay period in 2026 and will continue until I request it to be discontinued. Signature: _____ Date: _____ Send Pledge Form to: Campus Charitable Fund Drive, Office of Public Engagement, 501 Swanlund Admin Bldg. MC 304, 601 E. John St., Champaign, IL 61820-5711																																																							