



Employee Giving Campaign

Contact Information: (Please Print)

Name: _____

Home Address: _____

Home Email: _____

Please do not acknowledge my gift.

Pledge Information:

I pledge a total annual gift of \$ _____ to Community Shares of Minnesota to be paid in the form of:

Payroll deduction (please sign below):

\$ _____ x _____
 per pay period # of pay periods (26, 24, 12, other)

One time cash or check donation
 (make check payable to Community Shares MN)

One time credit card donation (please sign below):
 VISA AMEX MC (please circle)

Card # _____ Exp. Date _____

3-digit security code _____ (from back of card)

I authorize the pledge and payment listed above. I understand authorization for payroll deduction may be revoked by me in writing at any time.

Signature: _____

Date: _____

Please tell us how you would like your pledge distributed in the next column.

It's Your Choice!

Support ALL Community Shares of Minnesota members:

\$ _____
 (per pay period)

Designate* to a Community Shares of Minnesota member(s)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____
 (per pay period)

Community Shares: in support of operations and member services:

\$ _____
 (per pay period)

Write-in* any MN tax exempt 501(c)3 non-profit:

_____ \$ _____
 Organization Name (per pay period)

Address: _____

Phone number: _____

*Designations are usually distributed exactly as requested, however, Community Shares of Minnesota reserves the right to redirect gifts if necessary.

Thank you!

Please retain a copy of this pledge form for your tax records. Community Shares of Minnesota makes the assurance that no goods or services were received in exchange for this contribution.

1619 Dayton Avenue, Suite 323 ~ Saint Paul, Minnesota 55104
 Phone: (651) 647-0440 ~ Fax: (651) 647-0446 ~ E-mail campaign@communitysharesmn.org
 www.communitysharesmn.org