

	City of Chicago Employee Charitable Contribution Allocation Form	Name: _____ Employee#: _____
		SSN#: ***-*** _____
		Phone Number: _____
		Department: _____

**Send to: DOF\_Payroll\_Distribution@cityofchicago.org**

**I wish to donate the following amount each pay period.**

( ) \$3.00 ( ) \$5.00 ( ) \$10.00 ( ) \$15.00 ( ) 20.00 ( ) Other \_\_\_\_\_

( ) **Discontinue donation**

The City of Chicago maintains a payroll deduction so that an employee can contribute to a wide variety of non-profit charities. Up to 10 charities may be chosen. At least 10% of the total donation must be given to any one charity.

#	Charity Name	% for each charity
20	100 CLUB	
7	AFTER SCHOOL MATTERS	
1	AMERICAN CANCER SOCIETY	
2	AMERICAN HEART ASSOCIATION	
10	BIG BROTHERS AND BIG SISTERS	
13	BLACK FIRE BRIGADE	
3	BLACK UNITED FUND OF ILLINOIS	
25	CFDC CHARITIES INC.	
23	CHICAGO HUMANITIES FESTIVAL	
24	CHILDREN'S ADVOCACY CENTER	
4	COMMUNITY HEALTH CARD OF ILLINOIS	
21	COMMUNITY SHARES OF ILLINOIS	
5	EARTH SHARE OF ILLINOIS	
16	EASTER SEALS SOCIETY	
30	ENDE, MENZER, WALSH & QUINN Retirees' Widows and Children's Assistance Fund	
8	GLOBAL IMPACT	
15	UNITED WAY	
9	LITTLE CITY FOUNDATION	
11	MARCH OF DIMES BIRTH DEFECTS	
18	MISERICORDIA HEART OF MERCY	
19	MUSCULAR DYSTROPHY ASSOCIATION	
17	NATIONAL HISPANIC SCHOLARSHIP FUND	
22	PREVENT CHILD ABUSE AMERICA	
26	RAINBOWS FOR ALL GOD'S CHILDREN	
12	SICKLE CELL DISEASE ASSOCIATION OF ILLINOIS	
27	SPECIAL CHILDREN'S CHARITIES	
6	SPECIAL OLYMPICS OF ILLINOIS	
28	THE ANTI-CRUELTY SOCIETY	
14	UNITED NEGRO COLLEGE FUND	

Total **0** 0%

(Total contributions must equal 100% to be valid.)

This authorization supersedes any previous authorization

**Send to:** DOF\_Payroll\_Distribution@cityofchicago.org

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the City of Chicago to deduct the above specified contribution on a pay-period basis and distribute said contribution as indicated.