



**City of Chicago
Employee
Charitable
Contribution
Allocation Form**

ss# xxx-xx
 Name _____ ee# _____
 Phone number _____
 Department _____

Send to: DOF_Payroll_Distribution@cityofchicago.org
 or Department of Finance Payroll Distribution, 333 S State Street, Suite 320, Chicago IL, 60604 or Fax 312-745-3540

I wish to donate the following amount of money 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 you can contribute to a wide variety of non-profit series charities. You can choose up to 10 charities.
 At least 10% of your total donation must be given to any one charity.

	Charity name	% for each		
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 CARE 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			
29	KIDS IN DANGER			
9	LITTLE CITY FOUNDATION			
11	MARCH OF DIMES BIRTH DEFECTS			
18	MISERICORDIA HEART OF MERCY			
19	MUSCULAR DYSTROPHY ASSOCIATION			
17	NATIONAL HISPANIC SHOLARSHIP 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			
15	UNITED WAY			
		Total 100%		

(Choice total must equal 100% to be valid) This authorization supersedes any previous authorization.
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Sign and Date _____
 I authorize the City of Chicago to deduct the above specified contribution on a pay-period basis and distribute this contribution as indicated.