

**About You** (please print clearly)

Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email:  Personal  Work \_\_\_\_\_ Optional: Name for recognition purposes \_\_\_\_\_

Signature: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I wish to remain anonymous     No acknowledgment of gift is necessary     I'm interested in volunteer opportunities     I plan to retire this year

**How I Want To Give**

**CHAD Care Society:**    **C**—Champion \$2,500 and up (\$48/week)  
 Highly impactful    **A**—Advocate \$1,000 (\$19/week)  
 and generous donors    **R**—Responder \$500 (\$10/week)  
    **E**—Emerging Leader \$250 (\$5/week)

**Payroll Deduction**

*I authorize my employer to deduct my contribution per pay period. The organization does not provide goods or services in whole or partial consideration for any contributions made to the organization by payroll deduction.*

\$5     \$10     \$15     \$25     \$\_\_\_\_\_ (other amount)

**I am paid:**

Weekly (52 times/year)  
 Every two weeks (26 times/year)  
 Twice per month (24 times/year)  
 Monthly (12 times/year)  
 Other \_\_\_\_\_

**Other Giving Options**

Cash  
 Check: Make check payable to CHAD Nebraska  
 Venmo: @CHADNebraska  
 Online: Visit www.chadnebraska.org/donate and list your total donation on the Total Gift Amount line at the bottom of this form  
 Credit Card  
 Name On Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_/\_\_\_\_ 3-Digit Code: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Charge my card one time  
 Charge my card on the first of the month until \_\_\_\_\_ (date)  
 Charge my card monthly until I contact CHAD to stop charge

*You must include your email address in the "About You" section above if choosing the recurring payment option.*

**How To Distribute My Gift**

**Combined Health Agencies Drive (CHAD)**  
 Your dollars will be used to support ALL of our member agencies.

And/Or

**Choose an agency or agencies from the list below.**  
*Use the line by the agency name to designate an amount or percentage of your total gift for that agency. Please note that 100% of donor-designated dollars go directly to the agency or agencies you choose. If an amount isn't specified, your gift is divided equally.*

- \_\_\_\_\_ Combined Health Agencies Drive
- \_\_\_\_\_ The ALS Association
- \_\_\_\_\_ Alzheimer's Association Nebraska Chapter
- \_\_\_\_\_ American Lung Association in Nebraska
- \_\_\_\_\_ American Foundation for Suicide Prevention Nebraska
- \_\_\_\_\_ Arthritis Foundation Nebraska
- \_\_\_\_\_ Autism Action Partnership
- \_\_\_\_\_ Brain Injury Alliance of Nebraska
- \_\_\_\_\_ Crohn's & Colitis Foundation, Nebraska/Iowa Chapter
- \_\_\_\_\_ Cystic Fibrosis Foundation - Nebraska Chapter
- \_\_\_\_\_ Epilepsy Foundation Nebraska
- \_\_\_\_\_ Heart Heroes
- \_\_\_\_\_ JDRF Nebraska-Iowa Chapter
- \_\_\_\_\_ Leukemia & Lymphoma Society - Nebraska Chapter
- \_\_\_\_\_ March of Dimes, Nebraska & Western Iowa Market
- \_\_\_\_\_ National MS Society - Mid America Chapter
- \_\_\_\_\_ Nebraska AIDS Project
- \_\_\_\_\_ Nebraska Chapter of the National Hemophilia Foundation
- \_\_\_\_\_ Nebraska Community Blood Bank
- \_\_\_\_\_ Nebraska Health Care Foundation
- \_\_\_\_\_ Nebraska Hospice and Palliative Care Association
- \_\_\_\_\_ Nebraska Kidney Association
- \_\_\_\_\_ Susan G. Komen® Great Plains
- \_\_\_\_\_ Team Jack Foundation
- \_\_\_\_\_ United Cerebral Palsy of Nebraska

**Total Gift Amount:** \_\_\_\_\_

**Thank you for your gift!**



3008 W. Stolley Park Rd., Ste. 6, Grand Island (308) 398-0127 | 212 S. 74th St., Ste. 205, Omaha (402) 614-8500

**IMPORTANT TAX INFORMATION:** Per IRS Notice 2006-110, please retain a copy of this pledge form for your tax records. For payroll deduction gifts, this pledge form and a copy of your check stub should meet IRS requirements. Consult your tax professional for circumstances that relate to your specific case.