

City of South Portland Employee Giving Form

Name: _____
Address: _____ City/Town: _____ Zip: _____
Phone: _____ E-Mail: _____
Signature: _____ Date: _____

Payroll Deduction – I authorize the following:

\$20 \$10 \$5 \$3 \$2 \$1 Other \$ _____
x _____ (52 pay periods) for a total yearly gift of \$ _____

or

Cash/Check/Billed Gift – (circle one)

I prefer to give directly or to be billed Quarterly Bi-annually: In the amount of \$ _____

or

Credit Card Gift -

Visa Mastercard AMEX _____ Expires _____

Please distribute my total annual pledge as follows:

\$ [South Portland Food Cupboard](#)

\$ **Community Health Charities of Maine**

I would like my **CHCM** pledge designated to these member agencies:

\$ _____ Agency Name: _____

\$ _____ Agency Name: _____

\$ _____ Agency Name: _____



\$ **MaineShare**

I would like my **MS** pledge designated to these member agencies:

\$ _____ Agency Name: _____

\$ _____ Agency Name: _____

\$ _____ Agency Name: _____



\$ **United Way**

I would like my **UW** pledge designated to these member agencies:

\$ _____ Agency Name: _____

\$ _____ Agency Name: _____

\$ _____ Agency Name: _____



Thank you for your contribution!

I would like an acknowledgement from the agencies I designated.

Please complete and return to **Payroll** in Room **102** by **Dec 13th.**