



# Charitable Giving Pledge Form 2007-08

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Last) (First) (Middle Initial)

**Address:** \_\_\_\_\_ **MI** \_\_\_\_\_  
 (Street) (City) (Zip)

Check here if you wish to be acknowledged by the agencies to which you donated and complete the address line above.

**Employee I.D. (if required)** \_\_\_\_\_

**My total gift should be broken down as follows:**

|  |          |
|--|----------|
| <b>Community Health Charities of Michigan</b>                | \$ _____ |
| ALSAC-St. Jude Children's Hospital                           | \$ _____ |
| American Diabetes Association                                | \$ _____ |
| American Heart Association, Midwest Affiliate, Inc.          | \$ _____ |
| American Liver Foundation, Michigan Chapter                  | \$ _____ |
| American Lung Association, Michigan Chapter                  | \$ _____ |
| Amyotrophic Lateral Sclerosis of Michigan                    | \$ _____ |
| Arthritis Foundation of Michigan                             | \$ _____ |
| Barbara Ann Karmanos Cancer Institute                        | \$ _____ |
| Crohn's & Colitis Foundation of America, Michigan Chapter    | \$ _____ |
| Cystic Fibrosis Foundation                                   | \$ _____ |
| Easter Seals Michigan, Inc.                                  | \$ _____ |
| Huntington's Disease Society                                 | \$ _____ |
| Juvenile Diabetes Research Foundation                        | \$ _____ |
| Leukemia & Lymphoma Society, Michigan Chapter                | \$ _____ |
| Lupus Alliance of America, Inc., Michigan Indiana Affiliate  | \$ _____ |
| Michigan AIDS Fund   | \$ _____ |
| Michigan Hospice & Palliative Care Organization              | \$ _____ |
| Michigan Parkinson Foundation                                | \$ _____ |
| Muscular Dystrophy Association, Inc.                         | \$ _____ |
| Planned Parenthood Affiliates of Michigan                    | \$ _____ |
| Sickle Cell Disease Association of America, Michigan Chapter | \$ _____ |
| Tomorrow's Child (formerly Michigan SIDS)                    | \$ _____ |
| <b>Grand Total</b>   | \$ _____ |

I wish to donate by on-going payroll deduction. Gifts will be deducted each pay period.

\$ \_\_\_\_\_

I wish to donate by check. If you wish to make a one-time donation by check, please check the box and attach the check to this form.

I wish to donate by one-time payroll deduction. If you wish to donate in a single payroll deduction (first pay period after authorizing the deduction).

\$ \_\_\_\_\_

X \_\_\_\_\_  
 (SIGN YOUR NAME ON THE LINE ABOVE TO AUTHORIZE YOUR PLEDGE)

**Thank You  
 For  
 Your Gift!**