UW COMBINED FUND DRIVE I 2024 GIVING FORM

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FIRST NAME LAST NAME EMPLOYEE ID NUMBER WORK EMAIL ADDRESS WORK PHONE NUMBER WORK BOX NUMBER	prestigious club will re O I WISH TO PARTICIP O GOLD PHI O SILVER P O BRONZE I O I PREFER	e make a world of difference. Mem eceive special recognition from ou PATE IN THE UWCFD GIVING CIRCLE A ILANTHROPIST (\$100+ PER MONTH) HILANTHROPIST (\$50-99.99 PER MON PHILANTHROPIST (\$25-49.99 PER MON TO RECEIVE NO SPECIAL RECOGNITI OVIDE MY CONTACT INFORMATION TO	IT UW President. T THE FOLLOWING LEVEL: TH) NTH) ON FOR MY PARTICIPATION
MY CONTRIBUTIONS			
(charity name		(charity code)	(check contribution payable to CFD)
MY SIGNATURE			
SIGNATURE (required)		DATE	
RETURN TO UWCFD, BOX 359200 SE	EATTLE, WA 98195		
		Thank you for making	a difference!