ECAP

Employees Combined Appeal Program 2012 - 2013

Step 1. I want my donation to help the following agencies:

I want my donation to help the following agencies listed in the ECAP Directory:
Please refer to the Agency List on the back for the Agency Codes, list as many agencies as you wish.

The complete directory can be found at www.pima.gov/ecap or www.unitedwaytucson.org/pcecap

AGENCY CODE	AGENCY NAME	*AMT PER PAY PERIOD	*YEARLY AMT

*2013 will have 26 pay periods in the calendar year

I want my donation to help these agencies NOT listed in the ECAP Directory:
(MUST BE A 501(C) (3) AGENCY APPROVED BY IRS REGULATIONS

	AGENCY NAME	*AMT PER PAY PERIOD	*YEARLY AMT

Step 2. Make Your Gift

A. Easy Payroll Deduction

I authorize my employer to deduct the following amount from my paycheck each pay period.

$ _____

B. One Time Donation (Check one box only)

☐ CHECK (payable to ECAP) $ _____

☐ CASH $ _____

☐ Payroll Deduction (One time only) $ _____

My total annual donation is $ _____
(annual donation of $500 or more qualifies you as a Leadership Giver)

For **donations of $500** or more please print recognition name as you wish it to appear in the United Way Leadership Book or enter Anonymous (Please Print):

_____

_____

ACKNOWLEDGEMENT OF GIFT INFORMATION:

☐ I wish to remain anonymous in United Way printed materials

☐ I wish to remain anonymous to the agency(ies) receiving my donation

☐ Yes, I wish to be acknowledged. Home address below:

_____

_____

_____

Step 3. Please sign, date and return if donation is made:

Print and Sign _____
Employee Signature

Print and Date _____
Date

I do not wish to participate at this time : ***Print and Initial*** _____
Please Initial & Return

PIMA COUNTY ECAP Employees Combined Appeal Program

100% OF YOUR DONATION GOES TO ADDRESS COMMUNITY NEEDS. THANK YOU FOR YOUR SUPPORT!

I acknowledge that no goods or services were received by me for this donation. All gifts are tax deductible to the extent provided by IRS regulations.