



The City of Winnipeg Charitable Fund (C.W.C.F.)

PLEDGE FORM

Name, Department, Work Address, Employee ID, Phone No.

DONATION REQUEST

I authorize the City of Winnipeg Payroll Branch to deduct the below listed bi-weekly charitable donation(s) on behalf of the City of Winnipeg Charitable Fund. MY TOTAL PLEDGE/DONATION is to be distributed to the charity(ies) listed below.

*** IMPORTANT: PLEASE READ ***

Please be sure to include the TOTAL bi-weekly amount you wish to be deducted from your pay cheque. The total bi-weekly amount must include ALL CURRENT and NEW donations (include the amount you are currently donating bi-weekly, PLUS any changes you are making on this form)

PLEASE CHOOSE THE FOLLOWING OPTIONS & SPECIFY BELOW:

- New Donor, Add Charity, Remove Charity, Increase Donation, Decrease Donation

Table with 4 columns: Charity Name, Amount (\$), Frequency, Total Bi-Weekly

Comments:

Large empty box for comments

I give the C.W.C.F. permission to release my name to my charity(ies) of choice

Employee Signature, Date

CANCELLATION REQUEST

I respectfully request that my charitable donation(s) that are currently being deducted from my pay cheque on a bi-weekly basis be cancelled immediately.

Employee Signature, Date

*** EMAIL THE SIGNED & DATED FORM TO CWCF@winnipeg.ca

ACCEPTED BY CWCF SECRETARY, DATE