



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

## PLEDGE FORM

Name		Employee ID	
Department			
Work Address		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

<input type="checkbox"/>	The City of Winnipeg Charitable Fund (C.W.C.F.) CC174	\$		Bi-Weekly
<input type="checkbox"/>		\$		Bi-Weekly
<input type="checkbox"/>		\$		Bi-Weekly
<input type="checkbox"/>		\$		Bi-Weekly
		\$		<b>TOTAL BI-WEEKLY</b> (INCLUDE CURRENT & NEW DONATIONS)

Comments:

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

Employee Signature	Date
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### 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
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**\*\*\* EMAIL THE SIGNED & DATED FORM TO [CWCF@winnipeg.ca](mailto:CWCF@winnipeg.ca)**

ACCEPTED BY CWCF SECRETARY		DATE	
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