

ALAMO GIVES BACK - Employee Giving 2022

For complete details, contact information, or to pledge online, visit alamo.edu/alamogivesback

FIRST NAME - (PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK)

M.I.

LAST NAME

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ACES USER NAME (EMAIL ADDRESS BEFORE @ALAMO.EDU)

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CONTACT TELEPHONE NUMBER

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SELECT YOUR WORK LOCATION PROFILE

NLC	NVC	PAC	SPC	SAC	DISTRICT
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GIVING IS A PERSONAL DECISION

	Amount Per Pay Period		No. of Pay Periods		Annual Gift	
SUGGESTED PAYROLL DEDUCTION LEVELS	\$21.00	x	24	=	\$504*	*Denotes Leadership Level Gift
	\$15.00	x	24	=	\$360	
	\$10.00	x	24	=	\$240	
	\$ 5.00	x	24	=	\$120	

PLEDGE AND METHOD OF PAYMENT

PAYROLL DEDUCTION: (Deductions begin January 2022)

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BANNER I.D. Number

OR

\$				x	24	=	\$			
	Amount per pay period		No. of pay periods					Total Payroll Deduction Gift		
				x						
	Amount per pay period		No. of pay periods					Total Cash/Check Gift		

NOTE: There are 24 pay periods per calendar year. \$5 minimum per pay period.

CASH/CHECK (payable to United Way) gifts may mailed or given to an employee giving campaign lead.
 Note: Do not mail cash. Cash gifts MUST be given directly to an employee giving campaign lead.

\$				=	\$			
	Total Cash/Check Gift					Total Credit Card Gift		

CREDIT CARD: For your security, credit card information should never be written down. If you would like to give your gift via credit card, please access the Alamo GIVES BACK portal via your ACES Employee Tab or contact an employee giving campaign lead at your campus.

\$				=	\$			
	Total Cash/Check Gift					Total Credit Card Gift		

United Way does not provide goods or services in whole or partial consideration for any contribution. For tax purposes, please retain a copy of your pledge form. For payroll deductions, please use your final pay stub or Form W2 which indicates the total amount withheld as the employer-furnished document.

	GRAND TOTAL OF ANNUAL GIFT = \$			
		Total Cash/Check Gift		Total Credit Card Gift

DESIGNATED GIFT(S)

Give to an Alamo Colleges Foundation Fund or a United Way Impact Partner Agency.

REMEMBER: The total amount designated must not exceed the total amount pledged.

Agency/Fund Number		Annual Amount		Annual Amount		Annual Amount		Annual Amount

Agency/Fund Number		Annual Amount		Annual Amount		Annual Amount		Annual Amount

Agency/Fund Number		Annual Amount		Annual Amount		Annual Amount		Annual Amount

Agency/Fund Number		Annual Amount		Annual Amount		Annual Amount		Annual Amount

Agency/Fund Number		Annual Amount		Annual Amount		Annual Amount		Annual Amount

Agency/Fund Number		Annual Amount		Annual Amount		Annual Amount		Annual Amount

Yes! Please forward my donor information to the agency(ies) I have designated.

SIGNATURE _____ *Thank you!* _____ DATE _____

PLEASE GIVE THIS FORM + YOUR GIFT TO A DESIGNATED EMPLOYEE GIVING CAMPAIGN LEAD AT YOU CAMPUS OR SEND VIA MAIL TO: ALAMO COLLEGES FOUNDATION | 2222 N. ALAMO ST. | SAN ANTONIO, TX 78215.