



YES! I would like to participate in my organization's Workplace Campaign and support arts and culture in my community.

Mr. Ms. Mrs. Dr. Other _____

First and Last Name _____

Name(s) for Donor Recognition _____

Name(s) you would like on your Passport Cards (if different from above):

Home Address _____

City, State _____ ZIP _____

Preferred Email _____

ORGANIZATION NAME: _____

TOTAL GIFT AMOUNT: _____

Enclosed is my check, payable to CULTURE WORKS

Payroll deduction (if offered by your organization) Emp. ID # _____

Please deduct \$ _____ from **EACH** of _____ (# of) pay periods
for a **TOTAL** gift amount of \$ _____ (match gift amount above)

(All blanks must be completed. Maximum payroll deduction period is 1 year of pay periods)

If you would like to make your gift using your personal credit card, please go online to www.cultureworks.org/support-the-arts. Choose "Give Through Your Workplace" and follow the links to your organization's online giving page.

For your security, we prefer to not have personal credit card information written on paper pledge forms.

SIGNATURE: _____

SIGNATURE REQUIRED.