Chapter IX. Application for Participation in the City of Cincinnati Charitable Contributions Payroll Deduction Program

Before completing this application, please read the attached copy of the City's Policy on Charitable Contributions Payroll Deductions.

General Information

Name of umbrella organization:_____

Address:_____

Contact Person:_____
Phone:_____

Number of constituent agencies:_____

Materials to Accompany Application:

Materials to accompany this application are listed in the policy. This application will not be considered unless all of the requested information is sent with this application. You may also send materials not listed in the policy if you think it will assist the City in reviewing this application.

Please sign and date this application, and return it with all accompanying materials to

City of Cincinnati/Personnel Dept.
Charitable Contributions Steering Committee
Two Centennial Plaza, Suite 200
805 Central Avenue
Cincinnati, OH 45202

By signing this application you acknowledge that you have read and accepted the City's policy, and that the information provided in this application (including attached materials) is true and accurate.

Authorized signature:_____

Please print name here:
_____

Title:_____
Date:_____