

**THE RETIREMENT BOARD**  
of the  
**FIREMEN'S ANNUITY AND BENEFIT FUND**  
**OF CHICAGO**

Suite 1400  
20 South Clark Street Chicago, IL 60603-1899  
(312) 726-5823 Fax (312) 726-2316  
Marshall Line 9261 <http://www.fabf.org>  
(800) 782-7425



**ELECTED TRUSTEES**

ANTHONY R. MARTIN, Secretary  
DAN P. FABRIZIO  
MICHAEL J. SHANAHAN, Vice President  
WALTER M. CARLSON, Annuitant Member

**EX-OFFICIO TRUSTEES**

Deputy Fire Commissioner, DERRICK JACKSON, President  
City Treasurer, STEPHANIE NEELY  
City Comptroller, STEVE LUX  
City Clerk, MIGUEL del VALLE

March 22, 2010

**In addition to the benefits granted to members and spouses each month, the Secretary will also be presenting, for informational purposes only, items of interest that may affect our members.**

**Questions regarding any member's specific situation should be addressed directly to the Fund Office.**

**MONTHLY NEWS AND INFORMATION FROM THE FUND SECRETARY**

**ENDE, MENZER WALSH & QUINN ASSISTANCE FUND**

I am including extra copies of the City of Chicago Employee Charitable Contributions Allocation Form for those members who wish to have contributions for the Ende, Menzer, Walsh & Quinn Retirees', Widows' and Children's Assistance Fund deducted directly from their City of Chicago paychecks.

Members can voluntarily contribute to this fund directly from their bi-monthly pay checks on a pre-tax basis. 100% of all contributions are used for the support of our neediest widows and our children annuitants.

Review the information attached and please consider an automatic deduction. Do not hesitate to contact me at the Pension Office with any questions you have about this program.

Thank you.

Anthony R. Martin  
Fund Secretary

**REQUIRED DISCLAIMER**

*The information set forth herein is believed to be reliable but is not guaranteed as to accuracy or completeness by, and is not to be construed as a representation of the Firemen's Annuity & Benefit Fund of Chicago, the Retirement Board (the "Board") or any member of the Board except the Secretary. The information and expressions of opinion contained herein are subject to change without notice. All expressions of opinion, whether or not expressly so stated, are intended merely as such and not as representations of fact. Financial information contained in this newsletter is as of a certain date, is unaudited and should not be relied on.*

# CITY OF CHICAGO EMPLOYEE CHARITABLE CONTRIBUTIONS ALLOCATION FORM

Employee Name: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Department: \_\_\_\_\_

*The City of Chicago maintains a payroll deduction so that you can contribute to a wide variety of non-profit series charities. The Charitable Profile Booklet gives specific information on the program and interest of each group. You can choose up to 10 charities. At least 10% of your total donation must be given to any one charity. (Use only whole percentages.)*

I wish to donate the following amount of money each pay period.

- \$3.00  \$5.00  10.00  15.00  20.00  other \$ \_\_\_\_\_  
 Discontinue donation

Charity Name	Charity #	
American Cancer Society	1	
American Heart Association	2	
Black United Fund of Illinois	3	
Community Health Charities of Illinois	4	
Earth Share of Illinois	5	
Special Olympics Illinois	6	
After School Matters	7	
Global Impact	8	
Little City Foundation	9	
Big Brothers and Big Sisters of Metropolitan Chicago	10	
March of Dimes Birth Defects Foundation	11	
Sickle Cell Disease Association of Illinois	12	
Breast Cancer Network of Strength (formerly "Y-Me")	13	
United Negro College Fund	14	
United Way	15	
Easter Seals Metropolitan Chicago	16	
Hispanic Scholarship Fund	17	
Misericordia Heart of Mercy	18	
Muscular Dystrophy Association	19	
The 100 Club	20	
Community Shares of Illinois	21	
Prevent Child Abuse America	22	
Chicago Humanities Festival	23	
Chicago Children's Advocacy Center	24	
Kids in Danger	25	
Rainbows for All God's Children Inc.	26	
Special Children's Charities - Special Olympics Chicago	27	
The Anti-Cruelty Society	28	
CFD Charities, Inc.	29	
Fireman's Widow's & Children's Assistance Fund	30	

(Must be 100% to be valid)

**TOTAL: 100%**

I authorize the City of Chicago to deduct the above specified contribution on a pay-period basis and distribute this contribution as indicated. This authorization supercedes any previous authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return form to Dept of Finance via interoffice mail to Charities Coordinator, 33 N. LaSalle, 600 or email to colleen.stone@cityofchicago.org