

**DIRECTIONS:** Please fill in the spaces completely with Charity Code(s) found in the Resource Guide or website and dollar amount(s) using a black ink pen only.

# Pledge Form



## Required Information

Employee ID #: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ M.I.: \_\_\_\_\_

State Agency: \_\_\_\_\_

Work Location (County - 1st four letters): \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

*For acknowledgement purposes only*

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Online Pledging Option

Online pledging is available. If you are interested in using the online, ePledge, pledging tool please contact your agency coordinator for instructions or see the CCC website at [ohio.gov/ohioccc](http://ohio.gov/ohioccc). **NOTE:** If you have already donated using the online pledging option, ePledge - only complete this form if you wish to make an additional pledge.

**CONTRIBUTION METHODS:** Please select one of the following: Please print a copy of this form for your records.

**Payroll Deduction:** (Minimum \$1 per charity, per pay period.)

I authorize the following deductions starting the pay check received in January and continuing for a one-year period. I reserve the right to revoke this authorization by written notice to my agency payroll office.

Note: All payroll contributions to any charity will receive an acknowledgement.

I am paid:  Bi-Weekly (26 times/yr) OR  Monthly (12 times/yr)

MY TOTAL YEARLY PLEDGE IS: \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**One-Time Contribution:** (Minimum \$1 per charity.)

Please make check payable to **COMBINED CHARITABLE CAMPAIGN**.

Attached is my  Check OR  Cash

totaling \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ to be distributed as follows:

Check No.: \_\_\_\_\_

Check Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  M M        D D        Y Y Y Y

**DESIGNATING YOUR CONTRIBUTION:** You may designate your contribution to up to eight federations or member charities. For a list of charities participating in this year's campaign, please consult the Resource Guide, CCC website at [ohio.gov/ohioccc](http://ohio.gov/ohioccc) or your department CCC coordinator.

5-Digit Charity Code	Designation Amount (Yearly)	Charity Name
1. _____	\$ _____ , _____ . _____	_____
2. _____	\$ _____ , _____ . _____	_____
3. _____	\$ _____ , _____ . _____	_____
4. _____	\$ _____ , _____ . _____	_____
5. _____	\$ _____ , _____ . _____	_____
6. _____	\$ _____ , _____ . _____	_____
7. _____	\$ _____ , _____ . _____	_____
8. _____	\$ _____ , _____ . _____	_____
TOTAL YEARLY PLEDGE: \$ _____ , _____ . _____		

## Thank You! Please Sign and Date

\_\_\_\_\_  
Signature (Required)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  M M        D D        Y Y Y Y

## Donor Options

I wish to donate anonymously and my name will not be released for recognition purposes.

I do not wish to receive a donor recognition item.  
"(F7) for office use"

**PLEASE RETURN ALL PLEDGE FORMS TO DEPARTMENTAL CAMPAIGN COORDINATORS. \***

\* Between Jan. 1 and Sept. 1, following the campaign year, please send a copy of the completed pledge form to the Campaign Coordinating Organization at fax: 614-241-3064 or email: [jeanene.tooill@uwcentralohio.org](mailto:jeanene.tooill@uwcentralohio.org) and forward the original to your payroll office for processing.

Donations are voluntary gifts. No goods or services are provided in exchange for the pledge. CCC - STATE - 2016