

State of Ohio Combined Charitable Campaign • Pledge Form

For a list of federations participating in this year's campaign, please consult the 2014 Resource Guide, CCC website at www.ohio.gov/ohioccc or your department CCC coordinator. You may designate your payroll deduction or one-time cash/check gift to up to six federations or member agencies. All payroll contributions to any charity will receive an acknowledgement.



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.

Required Information

First Name: _____ M.I.: _____ Suffix: _____
 Last Name: _____
 Employee ID #: _____ 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 this year. If you have already made your pledge by use of the online pledging option - only complete this form if you wish to make a second pledge. If you are interested in using the online pledging tool please contact your agency coordinator for instructions.

PLEASE SELECT ONE OF THE FOLLOWING CONTRIBUTION METHODS: Please make a copy of YOUR form.

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.

5-Digit Charity Code	Designation	Amount (Annual)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____

TOTAL ANNUAL GIFT: \$ _____

TOTAL PER PAY PERIOD: \$ _____

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:

5-Digit Charity Code	Designation	Amount (Annual)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____

Check No.: _____

Check Date: _____ / _____ / _____

Thank you for your gift!

Thank You! Please Sign and Date

X _____
 Signature (Required) Date: _____ / _____ / _____

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.

* 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 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.

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