

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 pledging tool please contact your agency coordinator for instructions or see the CCC website. **NOTE:** 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.

CONTRIBUTION METHODS: Please select one of the following: 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.

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 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 gift to up to eight federations or member agencies.

For a list of charities participating in this year's campaign, please consult the 2015 Resource Guide, CCC website at 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.

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. CCC - STATE - 2015