

# State of Ohio Combined Charitable Campaign • Pledge Form

For a list of federations participating in this year's campaign, please consult the 2013 Resource Guide, CCC website at [www.ohio.gov/ohioccc](http://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:  Jr.  Sr.  Other: \_\_\_\_\_  
 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: \_\_\_\_\_

### PLEASE SELECT ONE OF THE FOLLOWING CONTRIBUTION METHODS:

Please make a copy of YOUR form. (If you want to make both a *Payroll Deduction* and a *One-Time Contribution*, submit two separate completed forms, one for Payroll and one for Check/Cash.)

### 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.

1. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_ per pay period.
2. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_ per pay period.
3. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_ per pay period.
4. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_ per pay period.
5. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_ per pay period.
6. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_ per pay period.

[www.ohio.gov/ohioccc](http://www.ohio.gov/ohioccc)

*"Nobody made a greater mistake than he who did nothing because he could do only a little."*

Edmund Burke

TOTAL PER PAY PERIOD: \$ \_\_\_\_\_ . \_\_\_\_\_ TOTAL ANNUAL GIFT: \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### 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:

1. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ of total gift.
2. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ of total gift.
3. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ of total gift.
4. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ of total gift.
5. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ of total gift.
6. Charity Code \_\_\_\_\_ \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ of total gift.

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

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

Thank you  
for your gift!

### 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](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 - NEW 2013