

State of Ohio Combined Charitable Campaign • Employee 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 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.

Dept Code: D M H 1 1 2 2 3 Mail Drop: 4 6 0 0 0 3 Code: 2 6 Ind. Acct.: 1 1 2 2 3 3 4 4
 First Name: J o h n M.I.: | Suffix:
 Last Name: D o e Org. Acct.: 3 3 1 4 0 9 3
 Employee ID: 1 1 2 2 3 3 4 4 State Agency: M e n t a l H e a l t h S e r v i c e s
 Work Location (County - 1st four letters): F R A N
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

"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 and forward the original to your payroll office for processing.