Each preprinted pledge form is unique to each employee and should not be copied for others to use.

State of Ohio Combined Charitable Campaign • Employee Pledge Form

For a list of federations participating in this year's campaign, please consult the 2012 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.

State of Ohio Combined Charitable Campaign
Your Campaign. Your Choice.

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: Mail Drop: Code: Ind. Acct.:

First Name: M.I.: Suffix:

Last Name: Org. Acct.:

Employee ID: State Agency:

Work Location (County - 1st four letters):

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.

Please note:

All charity codes have changed. All charity codes are now five-digit numbers instead of four.

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

X

Thank You!

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.