



State of Ohio
Combined Charitable
Campaign

DIRECTIONS: Please fill in the spaces completely with Charity Code(s) found in the Resource Guide or on the website and dollar amount(s) using a black ink pen only.

Pledge Form

ONLINE PLEDGING OPTION: For information about using ePledge, please visit the CCC website at ohio.gov/ohioccc or contact your agency coordinator. **NOTE:** If you have already donated using ePledge only complete this form if you wish to make an additional pledge.

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: _____

CONTRIBUTION METHODS: Please select one of the following. Please print a copy of this form for your records.

Payroll Deduction: (Minimum \$1 per charity, per pay period.)

I am paid: 26 times/year (Bi-Weekly) OR
 12 times/year (Monthly)

I authorize the following deductions starting with the first 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.

OR TOTAL PER PAY PERIOD: \$ _____
 TOTAL YEARLY PLEDGE: \$ _____

One-Time Contribution: (Minimum \$3 per charity.)

Please make check payable to **COMBINED CHARITABLE CAMPAIGN.**

Attached is my Check OR Cash

Check No.: _____

TOTALING: \$ _____

Check Date: ____/____/____
 M M / D D / Y Y Y Y

DESIGNATING YOUR CONTRIBUTION: You may designate your contribution to up to eight federations or member charities.

For a list of charities participating in this year's campaign, please consult the Resource Guide, CCC website at ohio.gov/ohioccc, or your department CCC coordinator.

| 5-Digit Charity Code | Designation Amount | Charity Name |
|--------------------------------------|--------------------|--------------|
| 1. _____ | \$ _____ | _____ |
| 2. _____ | \$ _____ | _____ |
| 3. _____ | \$ _____ | _____ |
| 4. _____ | \$ _____ | _____ |
| 5. _____ | \$ _____ | _____ |
| 6. _____ | \$ _____ | _____ |
| 7. _____ | \$ _____ | _____ |
| 8. _____ | \$ _____ | _____ |
| TOTAL YEARLY PLEDGE: \$ _____ | | |

Note: All payroll contributions to any charity will receive an acknowledgement from CCC.

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.

“(F7) for office use”

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 email: stateofohioCCC@uwcentralohio.org.

Donations are voluntary gifts. No goods or services are provided in exchange for the pledge.