

**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



## Online Pledging Option

For information about using ePledge, please visit the CCC website at [ohio.gov/ohioccc](http://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

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: \_\_\_\_\_

### 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 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.

TOTAL PER PAY PERIOD: \$ \_\_\_\_\_ . \_\_\_\_\_

**OR**

TOTAL YEARLY PLEDGE: \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**One-Time Contribution:** (Minimum \$3 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 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](http://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: \$ _____ , _____ . _____		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](mailto:stateofohioCCC@uwcentralohio.org) or fax: 614-241-3064.

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

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