

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 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 Check

totaling \$ to be distributed as follows: 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 (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 or fax: 614-241-3064.