



EMPLOYEE PLEDGE (FILLABLE) FORM

State Agency Name: Agency Code:
 Employee ID/Payroll Code:
 Employee Name: Department/Work Unit:
 District Code (if applicable): Residency Code (if applicable):

STEP ONE: Please choose the method by which you wish to make your donation. Do not use this form when making an online donation.

1. Payroll Deduction (January – December) Amount Total
 \$ per 24 Pay Periods (semi-monthly) = \$

2. Cash, Check, of Money Order Amount
 Cash (attach) \$
 Check (Make payable to CVC and attach) \$
 Money Order (Make payable to CVC and attach) \$

3. Credit Card Amount
 Type: MC Visa Amex Discover \$

Name:
 Card Number:
 Expiration:

STEP TWO: Choose whether or not you wish to designate your gift to a specific charity. Consult the CVC Charity Listing at www.cvc.vipnet.org or see you area coordinator for designation codes. There are 1,300 charities needing your help.

- I do not wish to designate my gift.
- I wish to designate my gift as follows (for more than four designations, attach additional forms).

<u>Code #</u>	<u>Annual Amount</u>	<u>Name of Charity</u>	<u>Code #</u>	<u>Annual Amount</u>	<u>Name of Charity</u>
	\$			\$	
	\$			\$	

STEP THREE: Authorize your donation and chose whether or not you wish to be acknowledged.

_____ Date:
 I authorize this contribution to the CVC (signature of employee)

- I wish for my gift to be anonymous *OR*
- Please share my name, address, and amount of gift with the charities I have selected for acknowledgement purposes. I am providing my mailing address for this purpose.

Mailing Address:

STEP FOUR: Please print 3 copies of this form. Keep one for your records, Sign a copy and send two copies to your CVC Coordinator (one copy goes to payroll and one to the pledge processing center)