Pledge Form

COLORADO COMBINED CAMPAIGN

Thank you for giving!

Employee ID # (9 digits) _____ **Division/Department** _____

Name _____ Location Code _____

Home Address _____ City _____ Zip Code _____

Work Address _____ City_____ Zip Code _____

Preferred Phone _____ Preferred Email _____

☐ *I would like to be acknowledged. Please let my designated charities know my preferred mailing address:*
☐ Home ☐ Work **OR**

☐ *I would like to remain anonymous. Please do not release my contact information to my designated charities.*

Please designate the charities of your choice

Charity name	Charity code	Yearly total amount
	1.	$
	2.	$
	3.	$
	TOTAL:	**$**

If you wish to donate to more than 3 nonprofits, please attach another form listing your additional designations. Or, donate online.

Donation by Payroll Contribution:

☐ $80 x 12 = $960 ☐ $15 x 12 = $180

☐ $60 x 12 = $720 ☐ $10 x 12 = $120

☐ $40 x 12 = $480 ☐ $5 x 12 = $60

☐ $20 x 12 = $240 ☐ $2 x 12 = $24

☐ $_____ x _____ = $_____
AMOUNT MONTHS TOTAL

Donation by:

☐ Cash Amount $_____

☐ Check (please attach check made payable to CCC) Amount $_____

☐ Credit card (one-time donation) Amount $_____

☐ Credit card (recurring donation) Amount $_____

Amount $_____ x 12 months = Total $_____

Credit card #_____ Exp. date _____

The charge on your statement will read Community Shares USA. Your donation(s) will be distributed to the charities you have designated by the Colorado Combined Campaign.

SIGNATURE:_____ **DATE:** _____

Thank you!

Please retain a copy of this pledge form and a copy of your final pay stub in order to claim a charitable deduction on your federal income taxes.

No goods or services were provided in consideration for this contribution.

Donate online anytime at www.ipledgeonline.org/_coloradocombinedcampaign