



Pledge Form



Complete then mail or scan/email to your agency's Lead Coordinator OR email directly to the CCC at info@coloradocombinedcampaign.org. All debit/credit donations must be made online.

Scan to give on your mobile device



This form must be received by campaign staff no later than December 13th, 2024.

Save time and donate online at www.elevategive.org/ccc

DEPT & DIVISION _____ LOCATION CODE (IF DEPT./DIVISION USES) _____

NAME (PLEASE PRINT LEGIBLY) _____ EMPLOYEE I.D. (9-DIGIT) _____

WORK ADDRESS _____ CITY _____ ZIP _____

PREFERRED PHONE _____ PREFERRED EMAIL _____

I would like to be acknowledged. Please let my designated charity know my preferred mailing address: Home Work

HOME ADDRESS _____ CITY _____ ZIP _____

OR I would like to remain anonymous. Please do not release my name or contact information to my designated charities.

Designation choices: If you wish to donate to more than 3 nonprofits attach another form listing your additional designations or donate online

Charity name	EIN	Yearly total amount
1)		\$
2)		\$
3)		\$
TOTAL		\$

I select the following giving options:

PAYROLL CONTRIBUTION:
 I will contribute the following amount *per month*:
 \$ _____ per paycheck X 12 = \$ _____ total yearly contribution

I will contribute the following amount through payroll contribution *one time*:
 \$ _____ per paycheck X 1 = \$ _____ total yearly contribution

Suggested Contribution Amounts
\$10 x 12 = \$120
\$15 x 12 = \$180
\$20 x 12 = \$240
\$25 x 12 = \$300
\$30 x 12 = \$360
\$40 x 12 = \$480
\$50 x 12 = \$600
\$60 x 12 = \$720
\$75 x 12 = \$900

PLEASE NOTE: All payroll contributions will begin in January and end in December. One-time payroll contributions will take place in January.

CHECK CONTRIBUTION: In the amount of \$ _____

Please make check payable to Colorado Combined Campaign, attach to pledge form and mail to CCC, 1600 N Downing St, #700, Denver, CO 80218.

Prefer to give with credit/debit card or e-check? Make your donation safely and securely online at our ElevateGive address above.

Authorizing signature (REQUIRED):

Signature _____ Date _____

THANK YOU FOR YOUR CONTRIBUTION!

Please retain a copy of this pledge form and a copy of your final pay stub in order to claim a charitable contribution on your federal income taxes. No goods or services were provided in consideration for this contribution.

Learn more about the campaign: www.coloradocombinedcampaign.org