

DEPT & DIVISION

PLEDGE FORM Complete this form and return it to your agency's Lead Coordinator



Save time and donate online at www.ipledgeonline.org/_coloradocombinedcampaign or on your mobile device by scanning the code to the right

				EMPLOYEE I.D.(9-DIGIT	
WORK ADDRESS	CITY			ZIP	
PREFERRE	D PHONE	PREFERI	RED EMAIL		
I would like to be acknowledge	ged. Please let my designated cha	arity know my preferred ma	iling address	: Home Wor	
HOME ADDRESS	CITY	ZIP	PREFERRED EMAIL		
I would like to remain anonyr	mous. Please do not release my n	name or contact information	n to my desig	nated charities.	
Designation choices: If you wis	sh to donate to more than 3 nonprofits	s attach another form listing you	ır additional de	esignations or donate or	
Charity Name		Charity Code		Yearly Total Amount	
1)			\$		
2)			\$		
3)			\$		
TOTAL			\$		
\$per payche	ng amount through payroll con	total yearly contribution to the contribution to the contribution of the contribution to the contribution of the contribution	on ions will	\$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	
CREDIT CARD, CASH, CASH CHEC	CHECK CONTRIBUTION: CK CREDIT CARD (ON		•	•	
■ RECURRING CREDIT	CARD I would like to make a	a recurring credit card donati	on once per	month for 12 months	
\$per month	X 12 = \$	total yearly credit car	d contributi	on	
	DISC Card Number			Exp. Date	
□Visa □MC □AMX □[Number				
	ill read Community Shares USA. Your done Colorado Combine		arities you have	_	
	ill read Community Shares USA. Your done		arities you have	_	

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.