

Pledge Card Instructions

It is important that you have a pledge card returned from each employee that you are assigned to solicit. Even if they choose not to give, you should ask them to return the form so you can keep track of all your contacts and know everyone has made a decision about his/her pledge. Each pledge card is unique to each employee.

The best time to have the form completed, signed, and returned to you is when you first ask for the pledge. If for some reason, your co-worker is unable to make a pledge at that time, set up a time to follow-up.

Be sure each pledge card contains the following information:

1. Department or Agency name;
2. City where the employee works;
3. County where the employee works;
4. Facility or Division within the Department or Agency;
5. Employee's name – Last, First, and Middle Initial;
6. Work phone number, including area code;
7. Employee's email address (this will only be used for SCC business);
8. Social security number ONLY if contribution is made through payroll deduction;
9. Society Gift Giving Level (will receive certificate for Bronze Level and above);
10. Amount pledged through payroll deduction OR the cash/check for the amount pledged;
11. Please sign and date card if gift is made through payroll deduction;
12. 6-Digit Charity designation code numbers (if they chose to designate);
13. Appropriate name release box marked;
14. Address for Charity to send acknowledgement.

334501

State Combined Campaign Pledge Card

Office Use Only

Dept./ Agency #1	City #2	County #3	Facility or Division #4
Name (Last) #5	(First) #5	(MI) #5	Work Phone #6
Email Address #7		Social Security Number (for payroll deductions only) #8 - -	

Office Use Only

#9 I WANT TO GIVE A YEARLY GIFT OF:

PLATINUM SOCIETY GIFT (\$1,000 +)

GOLD SOCIETY GIFT (\$500 - \$999)

SILVER SOCIETY GIFT (\$250 - \$499)

BRONZE SOCIETY GIFT (\$100 - \$249)

OTHER

#10 AND I WANT TO GIVE BY:

CASH OR CHECK – TOTAL ENCLOSED

\$ _____

(make checks payable to State Combined Campaign)

PAYROLL DEDUCTION \$ _____

(\$ _____ x _____ months)

#11 _____

Contributor's Signature

Date

#12 TO DESIGNATE YOUR GIFT, PLEASE LIST 6-DIGIT AGENCY CODE AND ANNUAL AMOUNT BELOW

Agency Code	Annual Amount
	\$
	\$
	\$
	\$
	\$
	\$

#13 I DO NOT want my name released to the charities I have designated.

I DO want my name released to the charities I have designated - minimum \$5 designation (complete below).

#14 _____

Home address (Please Print)

City State Zip

THANK YOU FOR YOUR SUPPORT!

STATE COMBINED CAMPAIGN MANAGER COPY