

State Combined Campaign Pledge Card

Office Use Only

Dept./ Agency	City	County	Facility or Division
Name (Last)	(First)	(MI)	Work Phone
Email Address		Social Security Number (for payroll deductions only)	

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

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

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

AND I WANT TO GIVE BY:

- CASH OR CHECK – TOTAL ENCLOSED

\$ _____
(make checks payable to State Combined Campaign)

- PAYROLL DEDUCTION \$ _____

(\$ _____ x _____ months)

- 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).

Home address (Please Print) _____

City _____ State _____ Zip _____

Contributor's Signature _____

Date _____

THANK YOU FOR YOUR SUPPORT!

STATE COMBINED CAMPAIGN MANAGER COPY