

State Combined Campaign Pledge Card

Office Use Only

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

I WANT TO GIVE A YEARLY GIFT OF:

- PLATINUM SOCIETY GIFT
- GOLD SOCIETY GIFT
- SILVER SOCIETY GIFT
- BRONZE SOCIETY GIFT
- OTHER

I have been a SCC giver for _____ years.

AND I WANT TO GIVE BY:

- CASH OR CHECK – TOTAL ENCLOSED

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

- PAYROLL DEDUCTION \$ _____

(\$ _____ x _____ months)

Contributor's Signature

Date

TO DESIGNATE YOUR GIFT, PLEASE LIST 6-DIGIT AGENCY CODE AND ANNUAL AMOUNT BELOW (MINIMUM DESIGNATION \$5 PER AGENCY)

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

- 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 (complete below).

Home address (Please Print)

City State Zip

THANK YOU FOR YOUR SUPPORT!

STATE COMBINED CAMPAIGN MANAGER COPY