

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. Facility or Division within the Department or Agency;
3. City where the employee works;
4. County where the employee works;
5. Work phone number, including area code;
6. Employee's name – Last, First, and Middle Initial;
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.

State Combined Campaign Pledge Card

Agcy	Facility/Division	Dept. City	Dept. County	Office Use Only
Work Phone #	Name (Last)	City (First)	County	IMU
Email Address		Social Security Number (for payroll deductions only)		

#1 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

#11 AND I WANT TO GIVE BY:

CASH OR CHECK (total in \$) _____

(mail checks payable to State Combined Campaign)

PAYROLL DEDUCTION \$ _____

I \$ _____ x _____ month(s)

#12 TO DESIGNATE MY GIFT, PLEASE LIST EACH AGENCY CODE AND ANNUAL AMOUNT BELOW WITH YOUR DESIGNATION (if applicable)

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

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

DO want my name released to the charities - have designated (complete below):

#14 _____

City State Zip

THANK YOU FOR YOUR SUPPORT

STATE COMBINED CAMPAIGN MANAGER COPY