

## Pledge Form Instructions

Each pledge form is unique to each employee, which is why it is important the card is completed correctly and is legible on all copies of the three-part pledge card.

Be sure each pledge form contains the following information:

1. Department name;
2. City where the employee works;
3. Work phone number, including area code;
4. Employee's name;
5. Employee's social security number ONLY if contribution is made through payroll deduction;
6. County in which the employee works;
7. These two blocks are left blank for office use. These are for coding purposes for the SCC Manager's Office and the respective payroll departments.
8. These are the various levels of giving. Giving awards are prepared for those giving Bronze level and up.
9. Amount pledged through payroll deduction OR the cash/check for the amount pledged. The employee's signature is required if giving through payroll deduction. This provides the authorization for the deduction.
10. Charity designation code numbers, if the donor wishes to designate. If so, they must use the 6-digit SCC agency code from the current campaign guide. Codes from individual federations or the Combined Federal Campaign are NOT acceptable.

If a donor chooses not to designate, simply leave blank. From the information provided in #2 and #6, that donation will be coded to return to that area of Alabama.

If their gift is \$25 or more per agency AND if they authorize the release of their name (see #11), the agency will be notified of designation and are requested to send acknowledgement of the gift to the donor.

11. Appropriate name release box MUST be marked. If the donor authorizes the release of their name, complete address is required. If the box is not marked, and the information provided, the information will NOT be released.

DO NOT forget to return the third copy (pink copy) to the donor. This is required by the IRS for tax purposes.

### State Combined Campaign Pledge Card

7  
OFFICE USE ONLY

Dept. <span style="font-size: 24px; font-weight: bold;">1</span>	City <span style="font-size: 24px; font-weight: bold;">2</span>	Work Phone ( ) <span style="font-size: 24px; font-weight: bold;">3</span>
Name (Last) <span style="font-size: 24px; font-weight: bold;">4</span>	(First) (m)	Social Security No. (payroll deduction only) <span style="font-size: 24px; font-weight: bold;">5</span>

County In Which You Work <span style="font-size: 24px; font-weight: bold;">6</span>	Office Use <span style="font-size: 24px; font-weight: bold;">7</span>
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**I WANT TO GIVE A YEARLY GIFT OF:**

8  PLATINUM SOCIETY GIFT (\$1,000+)

GOLD SOCIETY GIFT (\$500+)

SILVER SOCIETY GIFT (\$250+)

BRONZE SOCIETY GIFT (\$100+)

OTHER

**AND I WANT TO GIVE BY:**

9  CASH OR CHECK - Total Enclosed \$ \_\_\_\_\_  
(make checks payable to State Combined Campaign)

PAYROLL DEDUCTION - \$ \_\_\_\_\_ (Total Annual Gift)  
(\$ \_\_\_\_\_ x \_\_\_\_\_ months)

I authorize the State of Alabama to withhold the amount stated above for each month beginning in January of the coming year.

**TO DESIGNATE YOUR GIFT, PLEASE LIST 6-DIGIT AGENCY CODE AND ANNUAL AMOUNT BELOW (MINIMUM DESIGNATION \$25 PER AGENCY)**

Agency Code	Annual Amt.
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

10

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 Code \_\_\_\_\_

Contributor Copy

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Contributor's Signature \_\_\_\_\_ Date \_\_\_\_\_