

Pledge Form



Complete then mail or scan/email to your agency's Lead Coordinator
OR email directly to the CCC at info@coloradocombinedcampaign.org.
If using the digital form, complete, save, and email to either.

Save time and donate online at
www.ipledgeonline.org/_coloradocombinedcampaign

Scan to give on your mobile device



DEPT & DIVISION _____ LOCATION CODE (IF DEPT./DIVISION USES) _____

NAME (PLEASE PRINT LEGIBLY) _____ EMPLOYEE I.D. (9-DIGIT) _____

WORK ADDRESS _____ CITY _____ ZIP _____

PREFERRED PHONE _____ PREFERRED EMAIL _____

I would like to be acknowledged. Please let my designated charity know my preferred mailing address: Home Work

HOME ADDRESS _____ CITY _____ ZIP _____

OR I would like to remain anonymous. Please do not release my name or contact information to my designated charities.

Designation choices: If you wish to donate to more than 3 nonprofits attach another form listing your additional designations or donate online

Charity name	Charity code	Yearly total amount
1)		\$
2)		\$
3)		\$
TOTAL		\$

I select the following giving options:

PAYROLL CONTRIBUTION:

I will contribute the following amount *per pay period*:

\$ _____ per paycheck X 12 = \$ _____ total yearly contribution

I will contribute the following amount through payroll contribution *one time*:

\$ _____ per paycheck X 1 = \$ _____ total yearly contribution

Suggested Contribution Amounts

- \$10 x 12 = \$120
- \$15 x 12 = \$180
- \$20 x 12 = \$240
- \$25 x 12 = \$300
- \$30 x 12 = \$360
- \$40 x 12 = \$480
- \$50 x 12 = \$600
- \$60 x 12 = \$720
- \$75 x 12 = \$900

PLEASE NOTE: All payroll contributions will begin in January and end in December.
One-time payroll contributions will take place in January.

CHECK CONTRIBUTION: In the amount of \$ _____

Please make check payable to Colorado Combined Campaign, attach to pledge form and mail to CCC, 789 Sherman St., #230, Denver, CO 80203.

Prefer to give with credit/debit card or e-check? Make your donation safely and securely online at our iPledge address above.

Authorizing signature (REQUIRED):

Signature _____ Date _____

THANK YOU FOR YOUR CONTRIBUTION!

Please retain a copy of this pledge form and a copy of your final pay stub in order to claim a charitable contribution on your federal income taxes. No goods or services were provided in consideration for this contribution.

Learn more about the campaign: www.coloradocombinedcampaign.org