



EMPLOYEE GIVING CAMPAIGN **PLEDGE FORM**

DONOR INFORMATION *Your information is never shared*

First Name _____ MI _____ Last Name _____

Employee ID _____

Home Address _____

City _____ State _____ ZIP Code _____

Primary Phone _____

Email Address _____

GIFT DESIGNATION

☐ **ALLOCATE MY ENTIRE CONTRIBUTION TO CREATING HEALTHIER COMMUNITIES**



☐ **Donor Option** *I want my contribution to be specifically given to the CHC partner agency/agencies named here (see enclosed list):*

Agency Name _____ Directed Amount \$ _____

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Agency Name _____ Directed Amount \$ _____

AUTHORIZE YOUR GIFT OR DEDUCTION *Please select one:*

☐ **Payroll Deduction** ☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50

☐ Other \$ _____ per pay period x 24 pay periods = **Total \$** _____

☐ **Online donation to CHC** *(for all non-payroll donations)* <https://give.chcimpact.org/p/give-now>

☐ **I do not wish to contribute at this time**

Signature _____ **Date** _____

Your contribution is fully tax deductible. No goods or services were provided in exchange for this contribution.

We comply with the United States Patriot Act.