

Bucks for Charity Drive • Donor Pledge Form



DIRECTIONS: Using a black ink pen, please fill in the dashes completely for the charity code(s) found in the Resource Guide and the dollar amount(s). (Please, NO felt tip pens.)

OSU ID#: _____ Check Sort #: _____

Last Name: _____ Suffix: _____

First Name: _____ MI.: _____ E-Mail: _____

Department #: _____ Department Name: _____

Work Address: _____
For acknowledgement purposes only

Home Address: _____

City: _____ State: _____ Zip: _____

PLEASE SELECT ONE OF THE FOLLOWING CONTRIBUTION METHODS:
 (If you wish to make both a *Payroll Deduction* and a *One-Time Contribution*, please complete separate forms.)

Contribution Method (Minimum \$1 per charity, per pay period.)

Payroll Deduction I authorize the following payroll deductions each pay period, starting next January and continuing until December 31. I reserve the right to revoke this authorization by written notice to OHR. Indicate which pay schedule applies to you.

_____ Bi-Weekly (26 times/yr) OR _____ Monthly (12 times/yr)

TOTAL PER PAY PERIOD: \$ _____ = TOTAL ANNUAL GIFT: \$ _____ FREQ: _____

One-Time Contribution Please make checks payable to Bucks for Charity Drive.

Attached is my Check OR Cash totaling \$ _____ to be distributed as follows:

Check Number: _____ Check Date: _____ / _____ / _____
M M D D Y Y Y Y

Designating Your Contribution

- * To designate your gift, to up to five charities, enter the charity code and the annual amount for each designation below. Leave section blank for an undesignated pledge.
- * For a list of federations participating in this year's campaign, consult the campaign Resource Guide or access the Resource Guide on the web site: www.hr.osu.edu/special/11resourceguide.pdf, or contact your department lead coordinator.

	Annual Designation Amount
1. Charity Code _____	\$ _____ , _____ . _____
2. Charity Code _____	\$ _____ , _____ . _____
3. Charity Code _____	\$ _____ , _____ . _____
4. Charity Code _____	\$ _____ , _____ . _____
5. Other Agency _____	\$ _____ , _____ . _____

(See Other Agency Designation box at right)

OTHER AGENCY DESIGNATION

Other central Ohio 501(c)(3) agencies* may also be eligible for designations. Government and religious organizations are not eligible to receive designations. Enter dollar amount only at "5. Other Agency" and fill out the information below.

Agency _____

Address _____

City, State, Zip _____

Phone _____ Tax Identification No. _____

*NOTE: Agencies must meet eligibility requirements of the Campaign Coordinating Organization before designations can be processed.

Leadership Giving

Based on the giving guidelines listed in the Resource Guide, my gift qualifies me for Leadership Recognition.

Thank You! Please Sign and Date



Thank You!

Signature (Required)

Date: _____ / _____ / _____
M M D D Y Y Y Y

I wish to donate anonymously.

PLEASE RETURN ALL PLEDGE FORMS TO LEAD COORDINATORS.

Top Copy to CCO. Blue page to OHR. Pink page to Donor.