



# Donor Pledge Form



**THE OHIO STATE UNIVERSITY**

**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.)

EMPLID #: \_\_\_\_\_ ORG #: \_\_\_\_\_

DEPT/COLLEGE NAME: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI.: \_\_\_\_\_ Suffix: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*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.)

#### **Payroll Deduction:** (Minimum \$1 per charity, per pay period.)

I am paid:  Bi-Weekly (26 times/yr) OR  Monthly (12 times/yr)

I authorize the following payroll deductions each pay period, starting next January and will continue until I modify or revoke authorization by written notice to OHR. Deductions **MUST** follow my pay schedule.

TOTAL PER PAY PERIOD: \$ \_\_\_\_\_

**OR**

TOTAL ANNUAL PLEDGE AMOUNT: \$ \_\_\_\_\_

#### **One-Time Contribution** (Minimum \$5 per charity.) Please make checks payable to Bucks for Charity Campaign.

Attached is my  Check OR  Cash totaling \$ \_\_\_\_\_ to be distributed as noted below:

Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_  
M M / D D / Y Y Y Y

### **Designating Your Contribution**

- \* You may designate your gift to up to five charities using their 5-digit charity code.
- \* For a list of charities participating in this year's campaign, and their codes, consult the campaign Resource Guide on the web site: <http://bucksforcharity.osu.edu>, or contact your department lead coordinator.
- \* To designate your gift, enter the 5-digit code and the "annual designation amount" (NOT per pay amount) for each designation.
- \* Any amounts not designated with a 5-digit charity code will be considered as an undesignated pledge.

### **My pledge is to be distributed as follows:**

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

5. 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. Charity Code/Other Agency" and complete the information below.

Agency Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Tax Identification No. \_\_\_\_\_

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

### **Additional Options**

- Based on the "Leadership Giving" guidelines listed in the Resource Guide, my gift qualifies me for one of the three levels.
- I wish to remain anonymous; my name and contact information will not be sent to my designated charities for acknowledgement purposes.

### **Thank You! Please Sign and Date**



# Thank You!

Signature (Required)

Date: \_\_\_\_\_  
M M / D D / Y Y Y Y

The campaign does not provide goods or services as whole or partial consideration for contributions.

**PLEASE RETURN ALL PLEDGE FORMS TO LEAD COORDINATORS.**

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