City of Philadelphia Combined Campaign
2018 Pledge Form

Pledge online at www.phila.gov/combinedcampaign

☐ Check this box for additional pledge form page only.

EMPLOYEE ID NUMBER | **DEPARTMENT CODE #**

FIRST NAME | **MIDDLE INITIAL**

LAST NAME

CONTACT INFORMATION

CITY DEPARTMENT/EMPLOYER | **PHONE NUMBER** *(For use to verify designation)*

EMAIL

HOME ADDRESS *(Optional) Required for acknowledgements if no email*

CITY | **STATE** | **ZIP**

Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? ☐ Yes ☐ No

DESIGNATING YOUR GIFT

Choose which charities to support, pledge amount, and payment method.

Agency codes are listed in the campaign guide and at www.phila.gov/combinedcampaign. Pledges left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and distributed among all eligible charities in the Combined Campaign. To designate more than 6 charities, please use a second form and check the box on the top right corner of the additional page.

AGENCY CODE	CHARITY NAME	PER PAY PERIOD DEDUCTION/CHECK AMOUNT	PAYMENT METHOD
-		$.	☐ Payroll Deduction ☐ Check
-		$.	☐ Payroll Deduction ☐ Check
-		$.	☐ Payroll Deduction ☐ Check
-		$.	☐ Payroll Deduction ☐ Check
-		$.	☐ Payroll Deduction ☐ Check

In Honor/Memoriam Requests: If you are making one of your gifts above in honor of or in memory of someone, please check the box shown to the right and enter the requested information on page 2 of this form.

☐ My gift is in honor or in memory of someone.

Checks: Please make your one-time payment payable to: Combined Campaign.
Attach the signed check with your completed pledge form and return to your campaign captain.

Total Check Amount $.

Recurring Payroll Deduction Gifts: Please check the # of your pay periods here
(Deduction period Jan.-Dec. 2018): ☐ 26 ☐ 52

Total Per Pay Period Deduction Amount $.

AUTHORIZATION

(Sign and date here to authorize pledge and payment method.)

My signature below authorizes the City of Philadelphia to deduct the amount shown from my paycheck each pay period, starting with my first paycheck in January 2018 and ending with my last paycheck in December 2018, provided the amounts so deducted shall be remitted to the Combined Campaign. I understand that I can revoke this authorization by emailing help@charities.org, at least thirty (30) dayss before such revocation is to become effective. The City of Philadelphia shall not be liable to me for any reason by deducting monies in accordance with this authorization.

Sign: | Date: / /

KEEP A COPY OF THIS FORM AS A TAX RECEIPT. *Please keep a copy of this pledge/authorization form for your records (use your smart phone or other scanning device). Contributions to a qualified 501(c)(3) are tax deductible to the extent of the law.*

IRS Disclosure: *No goods or services are provided in whole or in partial consideration for any contribution made via this pledge form.*

IN HONOR/MEMORIAM CONTRIBUTION REQUEST (OPTIONAL)

To make your donation in honor/memoriam of someone, please complete this section. Enter the charity(ies) you designated on page 1, along with the name and contact information of the recipient you would like acknowledged. The information below will be shared with the designated charity(ies).

In honor/memoriam request #1:	In honor/memoriam request #2:
☐ In honor of ☐ In memoriam of _____	☐ In honor of ☐ In memoriam of _____
Select One: DR ☐ MR ☐ MRS ☐ MS ☐	**Select One:** DR ☐ MR ☐ MRS ☐ MS ☐
Recipient Address:	Recipient Address:
City:	City:
State: Zip Code:	State: Zip Code:
Designated Nonprofit/ Agency:	Designated Nonprofit/ Agency:
Agency Code:	Agency Code:
Amount Pledged: $	Amount Pledged: $

PLEASE RETURN THIS FORM, ALONG WITH ANY CHECK DONATIONS TO YOUR CAMPAIGN CAPTAIN.

If you make an online pledge, please DO NOT fill out and submit a paper pledge card for the same gift. Doing both will double the amount you designate to give. If you make a mistake and submit both, let your campaign captain know or contact America's Charities' help desk team at help@charities.org or call 1-800-458-9505 (dial "1" when prompted).

If you receive verification for a pledge you did not make, please contact the CMO at 609-760-1313 and we will correct your account. If you see an unauthorized payroll deduction on your pay stub, contact the Combined Campaign by emailing help@charities.org at least thirty (30) days before such revocation is to become effective. The City of Philadelphia shall not be liable to me for any reason by deducting monies in accordance with the authorization.

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2018 PARTICIPATING AGENCY CODES

For a list of these organizations and their member/funded agencies, see this year's campaign guide or visit www.phila.gov/combinedcampaign.

AIDS Fund
24-0000

America's Charities
22-0000

Bread & Roses Community Fund
12-0000

Catholic Charities Appeal
21-0000

Community Health Charities
14-0000

Delaware Valley Legacy Fund
25-0000

EarthShare Pennsylvania
23-0000

Global Impact
18-0000

Jewish Federation of Greater Philadelphia
17-0000

Police Athletic League of Philadelphia
19-0000

The Philadelphia Cultural Fund
26-0000

United Negro College Fund
20-0000

WOMEN'S WAY
15-0000

United Way of Greater Philadelphia and Southern New Jersey
11-00034

Visit www.phila.gov/combinedcampaign for more information, FAQs, and to pledge online.