



**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: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last 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. 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 Buckeyes 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://buckeyesforcharity.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/<br>Other Agency | _____                | \$ _____, _____ . _____   | _____        |

5. OTHER AGENCY DESIGNATION: Other 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** **Thank You! Please Sign and Date**

- 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!**  
 \_\_\_\_\_  
 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 AMBASSADOR.**