



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: _____ / _____ / _____

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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/ 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**

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: _____ / _____ / _____

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The campaign does not provide goods or services as whole or partial consideration for contributions.
PLEASE RETURN ALL PLEDGE FORMS TO LEAD AMBASSADOR.