
2023 Commonwealth of Virginia Campaign
EMPLOYEE PLEDGE (FILLABLE) FORM

**State Agency Name:** **Agency Code:** **Employee ID/Payroll Code:**

**Employee Name:** **Department/Work Unit:**

**District Code (if applicable):** **Residency Code (if applicable):**

**STEP ONE: Please choose the method by which you wish to make your donation.
Do not use this form when making an online donation.**

**1. Payroll Deduction (January – December) Amount Total
 $****per 24 Pay Periods (semi-monthly) = $**

**2. Check, or Money Order**  **Amount**

 **Check (Make payable to CVC and attach) $**

 **Money Order (Make payable to CVC and attach) $**

**3. Credit Card Amount**

 **Type:** **[ ]  MC** **[ ]  Visa** **[ ]  Amex** **[ ]  Discover $**

 **Name:**

 **Card Number:**

 **Expiration:**

**STEP TWO: Choose whether or not you wish to designate your gift to a specific charity. Consult the CVC Charity Listing at** [**www.cvc.virginia.gov**](http://www.cvc.virginia.gov/) **or see your area coordinator for designation codes. There are 753 charities needing your help.**

# [ ]  I do not wish to designate my gift.[ ]  I wish to designate my gift as follows (for more than four designations, attach additional forms).

|  |  |  |
| --- | --- | --- |
|  AnnualCode # Amount Name of Charity |  Annual Code # Amount Name of Charity |  |

￼**$**￼￼￼￼  **$**

**$                  $**

**STEP THREE: Authorize your donation and chose whether or not you wish to be acknowledged.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

 **I authorize this contribution to the CVC (signature of employee)**

**[ ]  I wish for my gift to be anonymous *OR*****[ ]  Please share my name, address, and amount of gift with the charities I have selected for acknowledgement purposes. I am providing my mailing address for this purpose\***

**\*Mailing Address for acknowledgements from the charities:**

 **STEP FOUR: Please print 3 copies of this form. Keep one for your tax records, Sign a copy and send two copies to your CVC Coordinator
(one copy goes to payroll and one to DHRM CVC Staff.)**