



**2024 Commonwealth of Virginia Campaign  
INDIVIDUAL EMPLOYEE PAPER PLEDGE FORM**

State Agency Name:

Agency Code:

Employee ID/Payroll Code:

Employee Name:

Department/Work Unit:

District Code (if applicable):

Residency Code (if applicable):

**STEP 1: 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:** you determine a total amount you would like to donate that will be deducted each pay period, post-tax, from January to December following this campaign.

\$ \_\_\_\_\_ per 24 pay periods (semi-monthly) = \$ \_\_\_\_\_

2. **Check, or Money Order**

Amount

\$ \_\_\_\_\_ Check (make payable to Commonwealth of Virginia Campaign or CVC and attach)

\$ \_\_\_\_\_ Money order (Make payable to Commonwealth of Virginia Campaign of CVC and attach)

**STEP 2: Choose whether you wish to designate your gift to a specific charity. Consult the CVC Charity List at [www.cvc.virginia.gov](http://www.cvc.virginia.gov) or see your CVC Coordinator for designations codes. There are over 700 charities needing your help.**

**I do not wish to designate my gift. (All undesignated gifts are donated to the Virginia State Employee Assistance Fund (VSEAF). More information can be found here:**

**I wish to designate my gift as follows (for more than four designations, attach additional forms):**

| CVC Code | Name of Charity | Annual Amount |
|----------|-----------------|---------------|
|          |                 | \$ _____      |

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|          |                 | \$ _____      |

| CVC Code | Name of Charity | Annual Amount |
|----------|-----------------|---------------|
|          |                 | \$ _____      |

**STEP 3: Authorize your donation and choose whether you wish to be acknowledged.**

**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:**

**By signing below, I authorize this contribution to the CVC.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**STEP 4: Please print two copies of this form. Keep one for your tax records and send a copy to your CVC Coordinator, who will deliver it to the CVC for recording.**