

PLEASE PRINT LEGIBLY

DECC OFFICE COPY

NAME

EMPLOYEE I.D.

DEPT/AGENCY



Denver Employees' Combined Campaign

DENVER EMPLOYEES' COMBINED CAMPAIGN

720-214-0314



DENVER THE MILE HIGH CITY

www.denvergov.org/decc

CONTRIBUTIONS: PAYROLL DEDUCTION <input type="checkbox"/>	ONE-TIME DONATION <input type="checkbox"/>	DESIGNATION CHOICE(S)														
PAYROLL DEDUCTION <input type="checkbox"/> \$1 X 24 = \$24 <input type="checkbox"/> \$20 X 24 = \$480 <input type="checkbox"/> \$5 X 24 = \$120 <input type="checkbox"/> \$30 X 24 = \$720 <input type="checkbox"/> \$10 X 24 = \$240 <input type="checkbox"/> \$40 X 24 = \$960 <input type="checkbox"/> \$ _____ X 24 = \$ _____ <small>AMOUNT TOTAL</small>	BY: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card OF: \$	DESIGNATE THE CHARITIES OF YOUR CHOICE. MINIMUM CONTRIBUTION IS \$1.00 PER PAYCHECK OR \$24.00 PER YEAR.														
LEADERSHIP GIVING <input type="checkbox"/> The above total pledge amount is 1% or more of my annual salary.	MAKE CHECK PAYABLE TO <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DECC</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">CHARITY I.D.</th> <th>AMOUNT - YEARLY TOTAL</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$</td></tr> <tr><td>2</td><td>\$</td></tr> <tr><td>3</td><td>\$</td></tr> <tr><td>4</td><td>\$</td></tr> <tr><td>5</td><td>\$</td></tr> <tr><td>TOTAL CONTRIBUTION</td><td>\$</td></tr> </tbody> </table>	CHARITY I.D.	AMOUNT - YEARLY TOTAL	1	\$	2	\$	3	\$	4	\$	5	\$	TOTAL CONTRIBUTION	\$
CHARITY I.D.	AMOUNT - YEARLY TOTAL															
1	\$															
2	\$															
3	\$															
4	\$															
5	\$															
TOTAL CONTRIBUTION	\$															
Please charge a one time contribution of \$ _____ to my credit card. Credit Card No.: _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date: _____ SIGNATURE: _____ DATE: _____																

DO YOU WANT TO BE THANKED BY THE CHARITY(S)? Yes No

If yes, complete the following:

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DETACH HERE

Complete this section ONLY if you donate through Payroll Deduction

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I AUTHORIZE THE AMOUNT SHOWN TO BE DEDUCTED FROM MY PAY. I UNDERSTAND THAT MY DONATION WILL BE DEDUCTED FROM THE FIRST TWO PAYCHECKS EACH MONTH.

TOTAL PAYROLL DEDUCTION: \$ _____ X $\frac{24}{\text{PAY PERIODS}}$ = \$ _____
AMOUNT TOTAL CONTRIBUTION

PLEASE NOTE: All payroll deductions will begin in January and end in December.

X _____
CONTRIBUTOR'S SIGNATURE DATE

DETACH HERE

DONOR COPY

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UMBRELLA OR CHARITY	AMOUNT - YEARLY TOTAL
1	\$
2	\$
3	\$
4	\$
5	\$
TOTAL CONTRIBUTION	\$

Thank you for your contribution made via (check one):

Payroll Deduction
 Check
 Credit Card
 Cash

Total Contribution \$ _____ Effective January _____ YEAR

Per revised IRS requirement, you must keep this section of your pledge form to claim a charitable tax deduction on your federal income taxes.
 No goods or services were provided in consideration for this contribution