

County of Santa Cruz Employee Pledge Form

Name _____

County Employee # _____ Ext. _____

Department Name _____

I authorize the following deduction from my paycheck:

\$_____ per pay period (\$1 minimum).

OR, my gift is enclosed \$_____ check(s)

Made payable to NPO (s) or member agency(s) of my choice.

SIGNATURE

DATE

Home or Email Address

City _____ State _____ Zip _____

Home or Email address is optional. Your home address will only be used for communication by the NPO(s) or member agency. Donor lists are not given, leased or sold to other parties for any reason.

THANK YOU FOR GIVING!

Instructions:

Your payroll deduction from last year will remain the same unless you cancel or make changes by way of this form.

1. Please complete this pledge form (make sure you sign and date it). Make a copy for your records and submit the original to your Department Combined Giving Coordinator or email it to CombinedGiving@santacruzcounty.us.
2. **A minimum of \$1.00 contribution per agency per pay period is required.** Payroll deductions will begin in Pay Period #1 and must be for a minimum of 24 pay periods.

Your contribution improves the quality of life for your family, friends, co-workers, and community!

Thank you!

Please distribute my gift to the NPO(s) below. No goods or services were received in consideration of this gift.

ACTION CODES:

A = Begin a new deduction where no deduction is currently being made.

C = Change my current deduction

If you wish to change your pledge, write "C" in the federation box you wish to change, AND indicate your new total pledge amount.

D = Delete my current deduction

NC = No change

If you make a change to one or more federations, write "NC" in the Action line for the **other** federation boxes that are **not** being changed.

*ACTION: _____ DED CODE: 9000X



Admin Fee 5.2%

\$_____ Amount per pay period

Member Agency

Agency: _____

City: _____

\$_____ amt/pay period

Agency: _____

City: _____

\$_____ amt/pay period

GRAND TOTAL CHC \$_____

*ACTION: _____ DED CODE: 6200X



Admin Fee 11%

\$_____ Amount per pay period

Program

Program: _____

City: _____

\$_____ amt/pay period

Program: _____

City: _____

\$_____ amt/pay period

GRAND TOTAL ACSCC \$_____

*ACTION: _____ DED CODE: 8900X



Admin Fee 14%

\$_____ Amount per pay period

Member Agency

Agency: _____

City: _____

\$_____ amt/pay period

Agency: _____

City: _____

\$_____ amt/pay period

GRAND TOTAL ESC \$_____

*ACTION: _____ DED CODE: 8300X



United Way
of Santa Cruz
County

Admin Fee 15%

\$_____ Amount per pay period

Member Agency

Agency: _____

City: _____

\$_____ amt/pay period

Agency: _____

City: _____

\$_____ amt/pay period

GRAND TOTAL UWSCC \$_____

Any Non-Profit tax exempt 501 (c)(3) agency not covered by any of the four federations

Please make check payable to United Way, who will distribute the funds (less 15% processing fee).
Minimum annual gift of \$100

Agency: _____

Address: _____

Amount of check \$_____

PAYROLL DEDUCTION GIFT

Agency: _____

Address: _____

TOTAL amt/pay period \$_____

White Copy – County Payroll Office

Yellow Copy – Nonprofit Organization

Pink Copy – Employee