



CHANGE FOR GOOD

2022 PLEDGE FORM

Please print clearly and complete
all necessary boxes below.
Scan your paper copy and email it to your
office's Fund Drive Coordinator.

Employee LAST Name	Employee FIRST Name	Employee ID # (if payroll contribution)
City of Workplace	Agency	Work Phone

Email Address

Address

City

State

Zip

☐ Please do not pass my information along to my chosen charities.

CHOOSE YOUR NONPROFIT ORGANIZATIONS

To designate one or more agencies or federated groups, fill in the agency or federation number(s) and the annual dollar amounts.
Find organization code numbers in this document or at [ECFD.OREGON.GOV](https://ecfd.oregon.gov)

Agency Code	Annual Amount

Agency Code	Annual Amount

CHOOSE PAYMENT METHOD

Payroll Contribution: _____ × _____ = \$ _____
amount per paycheck # of paychecks

PLEASE NOTE: Credit Card or checking account withdraw donations can only be processed through the online iPledge system for security purposes. Please visit ecfd.oregon.gov to make your gift.

THANK YOU!

MAKE IT OFFICIAL

I authorize the State of Oregon, as my employer, to withhold from my salary the amount as indicated to the left beginning on January 1, 2023 paid directly to the funds and/or federations I have indicated.

Signature (needed for payroll contribution)

Today's date