



OREGON EMPLOYEES' CHARITABLE FUND DRIVE

PLEDGE FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL NECESSARY BOXES BELOW.
SCAN YOUR PAPER COPY AND EMAIL IT TO YOUR CAMPAIGN COORDINATOR.

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE ID # (IF PAYROLL CONTRIBUTION)
CITY OF WORKPLACE	AGENCY	WORK PHONE

EMAIL ADDRESS _____

☐

PLEASE DO NOT PASS MY INFORMATION ALONG TO MY CHOSEN CHARITIES.

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

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 THE GIVING GUIDE OR AT ECFD.OREGON.GOV

AGENCY CODE	ANNUAL AMOUNT

AGENCY CODE	ANNUAL AMOUNT

CHOOSE PAYMENT METHOD

MAKE IT OFFICIAL

PAYROLL CONTRIBUTION: _____ X _____ = \$ _____
AMOUNT PER PAYCHECK # OF PAYCHECKS TOTAL DONATION

PLEASE NOTE: CREDIT CARD OR CHECKING ACCOUNT DONATIONS CAN ONLY BE PROCESSED THROUGH THE ONLINE IPLEDGE SYSTEM FOR SECURITY PURPOSES. PLEASE VISIT ECFD.OREGON.GOV TO MAKE YOUR GIFT.

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, 2024, PAID DIRECTLY TO THE FUNDS AND/OR FEDERATIONS I HAVE INDICATED.

SIGNATURE (NEEDED FOR PAYROLL DEDUCTION)

TODAY'S DATE



THANK YOU FOR INVESTING IN LOCAL COMMUNITIES WITHIN OUR BEAUTIFUL STATE

Did you know?

ALL COSTS FOR THE FUND DRIVE (LIKE THIS PLEDGE FORM) ARE PAID BY THE PARTICIPATING CHARITIES, AND ARE NEVER WITHHELD FROM DONATIONS.