CCC OFFICE COPY

COLORADO COMBINED CAMPAIGN

303-561-2392

www.colorado.gov/ccc

NAME WORK NO. ( ) DIV./DEPT. LOC. CODE

(PLEASE PRINT INFORMATION ABOVE)

CONTRIBUTIONS: PAYROLL DEDUCTION ☐

PAYROLL DEDUCTION:

- ☐ $80 X 12 = $960
- ☐ $60 X 12 = $720
- ☐ $40 X 12 = $480
- ☐ $20 X 12 = $240
- ☐ $15 X 12 = $180
- ☐ $10 X 12 = $120
- ☐ $ 5 X 12 = $60
- ☐ $ 2 X 12 = $24
- ☐ $ _____ (AMOUNT) X _____ (MONTHS) = $ _____ (TOTAL)

LEADERSHIP GIVING CLUB

Gold Level = $960 or more
Silver Level = $480 - $959

ONE-TIME DONATION ☐

BY: ☐ Check ☐ Cash ☐ Credit Card

OF: $

MAKE CHECK PAYABLE TO

CCC

DESIGNATION CHOICE(S)

DESIGNATE THE CHARITIES OF YOUR CHOICE
MINIMUM CONTRIBUTION OF $1.00 PER PAYCHECK OR $12.00 PER YEAR

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

Please charge a one time contribution of $ _____ to my credit card. ☐ Visa ☐ MasterCard ☐ Discover Card

Credit Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: _____

SIGNATURE: _____ DATE: _____

I wish to remain anonymous. ☐ Yes ☐ No **If no, complete the following:**

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DETACH HERE

COLORADO COMBINED CAMPAIGN — PAYROLL COPY

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I AUTHORIZE THE AMOUNT SHOWN TO BE DEDUCTED FROM MY PAY

TOTAL MONTHLY PAYROLL DEDUCTION: $ _____ (AMOUNT) X _____ (MONTHS) = $ _____ (TOTAL)

PLEASE NOTE: All payroll deductions will begin in January of the following year.

X _____ (CONTRIBUTOR'S SIGNATURE) _____ (DATE) _____ (EMPLOYEE ID NO.)

Thank you for your contribution - Please make a copy for your records.

Per revised IRS requirements, you MUST make a copy of this pledge card to claim a charitable tax deduction on your federal income taxes.

No goods or services were provided in consideration for this contribution.

XCCCA.FRM: 08/24/07