

2017 Employee Giving Pledge Form

(SED-8)

Please complete all steps listed below.



SCCC
STATE COMBINED
CHARITABLE CAMPAIGN

1. My Information:

Full Name

Employee Personnel Number

Agency Name

Agency Number

Home Address

City

State

Zip Code

E-mail Address

()
Phone Number

Please keep my gift anonymous.

2. My Donation:

Payroll Deduction:

\$ _____ X 26 pay periods = TOTAL ANNUAL DONATION OF \$ _____

One-Time Donation of \$ _____

(One-time, full-paid donations via credit card or bank draft can also be securely made online at GiveLASCCC.org. No pledge form required.)

Cash **Check #:** _____ *(payable to the Louisiana Association of United Ways)* **Payroll Deduction**

Credit Card #: _____ **Expiration Date:** _____ **CID #:** _____

VISA Mastercard Discover American Express

3. My Designation & Signature:

All donors are **REQUIRED** to designate to at least one organization from the **2017 LA SCCC CHARITY LIST**.

Please indicate the 4-digit code and the total annual designation amount for each organization.

4-Digit Charity Code:	Total ANNUAL Designation for each Charitable Organization:
	\$
	\$
	\$
	\$
TOTAL of Designations (should match TOTAL DONATION made in Step 2) =	\$

REQUIRED SIGNATURE (By my signature, I authorize this contribution.)

Date

Thank you for Giving HOPE, Louisiana!



Louisiana Association of United Ways (LAUW) proudly serves as the Principal Combined Fundraising Organization for the Louisiana State Combined Charitable Campaign (LA SCCC). LAUW's Federal Tax ID (EIN) is 20-4586416. An estimated 19% of funds collected will be used for the administrative and fundraising expenses for the LA SCCC.

DONOR: Please submit completed pledge form to your Campaign Coordinator.

COORDINATOR: Please submit Original Pledge Form in Report Envelope & make copies for Payroll, Donor and Coordinator records.

Note: Gifts made through GiveLASCCC.org don't require a pledge form and are not to be reported by Coordinators.