

DEPT. ID#:

DEPARTMENT:

NAME:

EMPLOYEE ID#:



City of Boston Employees Charitable Campaign 2009 Pledge Card

*Benefiting Private, Non-Profit, Social, Health,
and Human Service Organizations*

INSTRUCTIONS: Fill out this form steps ❶ through ❸.
Retain the bottom portion for your records.
DO NOT detach Part A from Part B.

PAYROLL COPY (A)

❶ Please select how you would like to give (check one):

PAYROLL DEDUCTION **OR**

ONE TIME CASH/CHECK



I will donate \$ _____ as my one-time gift.

Make checks payable to C.O.B.E.C.C.

Attach payment to this pledge form--DO NOT SEPARATE.



ONE TIME PAYROLL DEDUCTION

❷ Please select the amount you would like to pledge per pay period (minimum amount is \$.50):

\$15.00 \$10.00 \$5.00 \$2.50 \$2.00 \$1.50 \$1.00 \$.50 \$ _____ Other Amt.

❸ Please select the number of pay periods that applies to you.

Pay periods per year: 1 21 22 26 52 Other _____

The dollar amount you select above will be deducted every pay period from January 2010 through December 2010.

I pledge \$ _____ X _____ pay periods per year = \$ _____ TOTAL

❹ SIGNATURE: _____ DATE: _____

Required to process your donation.

CAMPAIGN MANAGEMENT COPY (B)

DEPT. ID#:

DEPARTMENT:

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City of Boston Employees Charitable Campaign

NAME RELEASE AUTHORIZATION: PLEASE CHECK ONE BOX.

I DO want my name and address released to the voluntary organization(s) I have designated below.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

I DO NOT want my name and address released to the voluntary organizations(s) I have designated below.

❺ Number of pay periods. Circle one.

Pay periods per year: 1 21 22 26 52 Other _____

❻ My total annual gift is \$ _____
Total amount from Step ❸

❼ I am paying through (check one):

Payroll Deduction Cash or check

One Time Payroll Deduction

❽ Please designate the organization(s) you wish to receive your contribution by filling in their 4-digit code # provided in the COBECC 2009 brochure along with the TOTAL dollar amount.

Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount
	\$		\$		\$		\$

RETAIN THIS COPY FOR YOUR RECORDS



City of Boston Employees Charitable Campaign

THANK YOU FOR YOUR CONTRIBUTION!

My total annual gift: \$ _____ Amount per pay period: \$ _____

Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount
	\$		\$		\$		\$

EMPLOYEE COPY (C)