

A		B	C	D	E
SOCIAL SECURITY NUMBER*		EMPLOYEE NAME	AGENCY	UNIT	CURRENT LOCAL UNITED WAY #



\* required by the State Controller's Office

## PLEDGE FORM

### STEP 1 PROVIDE YOUR INFORMATION PRINT LEGIBLY USING A BALL POINT PEN.

<b>NAME</b>	
<b>HOME ADDRESS</b>	
<b>CITY/STATE/ZIP</b>	
<b>PHONE</b> <input type="checkbox"/> WORK <input type="checkbox"/> CELL	<b>EMAIL</b> <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
<b>1</b> <input type="checkbox"/> DO NOT RELEASE MY INFORMATION TO MY SELECTED NONPROFIT(S)	<b>2</b> <input type="checkbox"/> PLEASE RECOGNIZE ME AS "ANONYMOUS."

### STEP 2 MANAGE YOUR PAYROLL DEDUCTION OR ONE-TIME GIFT

**SET UP A NEW ONGOING PAYROLL DEDUCTION**

<b>3</b> <input type="checkbox"/> <b>NEW PAYROLL DEDUCTION</b> <small>To donate, fill out box A, complete section 10 and sign and date line 11.</small>	<b>MONTHLY AMOUNT</b> <small>(\$5 MINIMUM)</small>	◆ <sup>x12</sup>	<b>TOTAL ANNUAL DEDUCTION</b>
	F \$		G \$

↑**OR**↓

**CHANGE AN EXISTING ONGOING PAYROLL DEDUCTION**  
PLEASE CHECK ONLY ONE BOX BELOW.

<b>4</b> <input type="checkbox"/> <b>CHANGE EXISTING PAYROLL DEDUCTION</b> <small>You must fill out box A, complete section 10 and sign and date line 11.</small>	<b>MONTHLY AMOUNT</b> <small>(\$5 MINIMUM)</small>	◆ <sup>x12</sup>	<b>TOTAL ANNUAL DEDUCTION</b>
	H \$		I \$

**5**  **KEEP EXISTING PAYROLL DEDUCTION AS IS**

**6**  **STOP EXISTING PAYROLL DEDUCTION**  
Complete Box A, sign and date line 11.

<b>7</b> <input type="checkbox"/> <b>THIS IS A NON-PAYROLL ONE-TIME CASH OR CHECK GIFT</b> <small>Only checks payable to Our Promise will be accepted. To designate, complete section 10 and sign and date line 11.</small>	J \$	<b>TOTAL ONE-TIME GIFT</b>
--	------	----------------------------

**8**  **GIVE AFTER RETIREMENT.**  
If you want to contribute after retirement, fill out box A and B, complete section 10 and sign and date line 11.

DATE OF RETIREMENT (MO/YR): \_\_\_\_\_

TOTAL MONTHLY DEDUCTION AMOUNT AFTER RETIREMENT (\$5 MINIMUM): \$ \_\_\_\_\_

**9**  **DECLINE.**  
I HAVE NO EXISTING PAYROLL DEDUCTION AND DO NOT WISH TO START AT THIS TIME.

INITIAL: ▶ \_\_\_\_\_

CALIFORNIA GOVERNMENT CODE §14659 REQUIRES THAT EVERY STATE EMPLOYEE RECEIVE THIS PLEDGE FORM. PLEASE RETAIN A COPY OF THIS FORM FOR YOUR TAX RECORDS.

### STEP 3 SELECT YOUR NONPROFIT(S)

You can select all or part of your donation for the nonprofit(s) of your choice. To find specific nonprofits certified by the Our Promise campaign, visit [www.OurPromiseCA.org](http://www.OurPromiseCA.org).

**10**  **I WISH TO MAKE THE FOLLOWING SELECTION(S):**

NONPROFIT NAME (If left blank, funds will go to your local United Way)	NONPROFIT CODE #	MONTHLY AMOUNT (\$5 MINIMUM)	◆ <sup>x12</sup>	TOTAL ANNUAL DEDUCTION
1		\$		\$
2		\$		\$
3		\$		\$
4		\$		\$

WRITE-IN NONPROFIT: Select a nonprofit not certified with the Our Promise Campaign, but has a current 501(c)(3) filing.

		MONTHLY AMOUNT (\$5 MINIMUM)	◆ <sup>x12</sup>	TOTAL ANNUAL DEDUCTION
REQUIRED	NONPROFIT NAME	\$		\$
	ADDRESS	<b>TOTAL DONATION (SHOULD MATCH ANNUAL DONATION LISTED IN G, I OR J)</b>		
	CITY/STATE/ZIP			
	PHONE NUMBER			\$
	TAX I.D. #			

### STEP 4 SIGN HERE

**11** I AUTHORIZE THE STATE CONTROLLER TO RELEASE MY DONATION AND UWCCR (PCFO) TO PROCESS MY SELECTED DONATIONS TO MY NONPROFIT(S) AS LISTED IN SECTION 10.

▶ **SIGNATURE REQUIRED (INK ONLY)** \_\_\_\_\_ DATE \_\_\_\_\_

For more detailed information, visit [www.OurPromiseCA.org](http://www.OurPromiseCA.org).

NOT PRINTED AT GOVERNMENT EXPENSE. THIS IS A CHARITABLE CONTRIBUTION. NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR THIS CONTRIBUTION. CONSULT YOUR TAX ADVISOR FOR MORE INFORMATION. WWW.OURPROMISECA.ORG

REV 2017



For the past 60 years, state employees have joined together annually for a special statewide fundraising drive that raises millions of dollars for nonprofits throughout California and the nation. What began as the California State Employees Charitable Campaign is now Our Promise: State Employees Giving at Work. Since 1957, we've shown our commitment to making California a better place to live, work and play by raising hundreds of millions of dollars. And we will continue to do so, as this is our promise to California!

**Ask yourself, "What am I passionate about?"**

Find a cause you care about – there are more than 2,300 nonprofits eligible for contributions in the 2017 campaign. For a full list of verified nonprofits, visit [www.OurPromiseCA.org](http://www.OurPromiseCA.org).



**1 When will my payroll deduction begin?**

When you sign up for a payroll deduction during the Our Promise campaign, you will see it begin on January 1 of the next year. For example, all deductions for the 2017 Our Promise campaign will begin on January 1, 2018.

**2 Are there fees? How are they applied?**

Our Promise has a low administrative cost of 14% to cover administrative and fundraising costs incurred while running the campaign. Additionally, 41¢ per transaction is deducted by the State Controller's Office to process payroll deductions.

**3 How often are payments made by United Way to the designated nonprofits?**

United Way makes payments to nonprofits donated to on a quarterly basis. For example, first quarter payments (Jan – March) will be made in April 2018.

**4 Why is a Social Security Number (SSN) required for participation in Our Promise and how can a donor feel safe about providing this sensitive information?**

Payroll deduction donations are processed through the State Controller's Office. Your SSN is the unique identifier required to ensure your payroll deduction is applied to the correct pay warrant. Please place your pledge form in a privacy envelope provided by your Key Connector to ensure your SSN is kept confidential.