



# Georgia State Charitable Contributions Program 2019-20 Pledge Form

Check this box for additional pledge form page only.

Pledge online at [www.gasccp.org](http://www.gasccp.org). If you make an online pledge, please DO NOT fill out and submit a paper pledge card for the same donation.

EMPLOYEE ID NUMBER

FIRST NAME

MIDDLE INITIAL

LAST NAME

## CONTACT INFORMATION

STATE AGENCY/UNIVERSITY										PHONE NUMBER (For use to verify designation)									
<input type="text"/>										<input type="text"/> - <input type="text"/> - <input type="text"/>									
EMAIL																			
<input type="text"/>																			
HOME ADDRESS (Optional) Required for acknowledgements if no email																			
<input type="text"/>																			
CITY										STATE					ZIP				
<input type="text"/>										<input type="text"/>					<input type="text"/>				
Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? <input type="checkbox"/> Yes <input type="checkbox"/> No																			

## GASCCP PLEDGE: DESIGNATING YOUR DONATION *Choose which charities to support, pledge amount, and payment method.*

To designate your donation, find the GASCCP code at [www.gasccp.org](http://www.gasccp.org). The minimum contribution is \$1 per month per charity for payroll deduction or \$1 by check. Pledges left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and will be distributed among all eligible charities in the GASCCP campaign. To designate more charities, please use a second form and check the box on the top right corner of the additional page.

GASCCP CODE	CHARITY NAME	PER MONTH DEDUCTION/CHECK AMOUNT	PAYMENT METHOD	
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check

**In Honor/Memorial Requests:** If you are making one of your donations above in honor of or in memory of someone, please check the box shown to the right and enter the requested information on page 2 of this form.  My donation is in honor or in memory of someone.

**Checks:** Please make your one-time payment payable to: GASCCP  
Attach the signed check with your completed pledge form and return to your GASCCP campaign coordinator. **Total Check Amount \$**

**Recurring Payroll Deduction Gifts:** All payroll deduction donations are recurring with 12 total pay period deductions taking place starting January 2020 and ending December 31, 2020. **Total Per Month Deduction Amount \$**

**Total Annual Payroll Deduction Amount \$**   
"Total Per Month Deduction Amount" multiplied by 12 total pay periods

## AUTHORIZATION **Signature Required for Payroll Deduction**

I authorize the payroll deduction of the monthly amount indicated above beginning January 2020 and ending December 31, 2020.

Sign: <input type="text"/>	Date: <input type="text"/>
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**KEEP A COPY OF THIS FORM AS A TAX RECEIPT.** Please keep a copy of this pledge/authorization form for your records (use your smart phone or other scanning device). Contributions to a qualified 501(c)(3) are tax deductible to the extent of the law. Contributions made to the GASCCP are confidential.

**IRS Disclosure:** No goods or services are provided in whole or in partial consideration for any contribution made via this pledge form.

## IN HONOR/MEMORIAM CONTRIBUTION REQUEST (OPTIONAL)

To make your donation in honor/memorial of someone, please complete this section. Enter the charity(ies) you designated on page 1, along with the name and contact information of the recipient you would like acknowledged. The information below will be shared with the designated charity(ies).

In honor/memorial request #1:	In honor/memorial request #2:
<input type="checkbox"/> In honor of <input type="checkbox"/> In memorial of	<input type="checkbox"/> In honor of <input type="checkbox"/> In memorial of
Select One: DR <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>	Select One: DR <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>
Recipient Name: <input type="text"/>	Recipient Name: <input type="text"/>
Recipient Address: <input type="text"/>	Recipient Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/> Zip Code: <input type="text"/>	State: <input type="text"/> Zip Code: <input type="text"/>
Designated Nonprofit/ Agency: <input type="text"/>	Designated Nonprofit/ Agency: <input type="text"/>
GASCCP Code: <input type="text"/> - <input type="text"/>	GASCCP Code: <input type="text"/> - <input type="text"/>
Amount Pledged: \$ <input type="text"/> . <input type="text"/>	Amount Pledged: \$ <input type="text"/> . <input type="text"/>

**PLEASE RETURN THIS FORM, ALONG WITH ANY CHECK DONATIONS TO YOUR CAMPAIGN COORDINATOR.**

If you make an online pledge, please DO NOT fill out and submit a paper pledge card for the same donation. Doing both will double the amount you designate to give. If you make a mistake and submit both, let your GASCCP campaign coordinator know or contact America's Charities' help desk support team via email at [help@charities.org](mailto:help@charities.org) or call 703-957-7888.

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