PLEDGE FORM



TELL US ABOUT YOURSELF					
EMPLOYER		EMPLOYEE I.D.			□ M □ F BIRTH YEAR
(MR/MRS/MS/DR) FIRST NAME		MI LAST NAME			(JR/SR/OTHER)
HOME ADDRESS					
CITY				STATE	ZIP CODE
EMAIL					
PHONE THOME TAKEN					
PHONE					
MAKE YOUR CONTRIBUTION					
PAYROLL DEDUCTION ONE TIME CONTRIE		BUTION	CREDIT/DEBIT CARD		
\$ 80	ATTACHED CASH CHECK	OR	We accept one time and reoccurring credit card and ACH pledges.		
X PAY PERIODS PER YEAR ONE TIME PAYROLL DEDUCTION	\$	STEP 1: Securely process your pledge at https://info.chcimpact.org/givenow/pledge using your			
	CHECK NO. DATE /	/	work email address STEP 2: Complete and return signed paper pledge form including your gift designation to employer.		
UNLESS NOTED BY EMPLOYER, PAYROLL DEDUCTIONS WILL BEGIN IN THE NEXT CALENDAR YEAR	MAKE CHECKS PAYABLE TO CHC: CREATING HEALTHIER C	COMMUNITIES			
SIGNATURE (REQUIRED TO PROCESS PLEDGE) PLEASE DO NOT CONTACT ME PLEASE DO NOT SHARE MY NAME WITH MY DESIGNATED NONPROFIT					
X	Date TOTAL				
WE ARE A CATALYST FOR GOOD HEALTH, BRINGING COMMUNITIES, NONPROFITS, AND BUSINESSES TOGETHER AROUND A SHARED COMMUNITIES NATIONWIDE.					
DESIGNATE YOUR GIFT					
TO CHC: CREATING HEALTHIER COMMUNITIES FOR SUPPORT OF OUR NONPROFIT PARTNERS	TO A SPECIFIC NONPROFIT OR CAUSE				
	NONPROFIT/CAUSE NAI	ME N	IONPROFIT/CAUS	SE NAME	NONPROFIT/CAUSE NAME
\$	CODE \$	9	CODE		CODE \$
	Ψ	1			Ψ

IMPORTANT TAX INFORMATION: Per IRS Notice 2006-110, please retain a copy of this pledge form for your tax records. For payroll deduction gifts, this pledge form and a copy of your check stub should meet IRS requirements. Consult your tax professional for circumstances that relate to your specific case.

