

A		B	C	D	E
SOCIAL SECURITY NUMBER		EMPLOYEE NAME	AGENCY	UNIT	CURRENT PCFD CODE #

PLEASE TYPE OR PRINT LEGIBLY, USING A BALL POINT PEN.
 NOTE: YOUR PCFD IS THE ENTITY THAT WILL MANAGE YOUR FUNDS. SEE BACK FOR A LIST OF CALIFORNIA PCFDs.

(formerly CSECC)

SET UP A NEW ONGOING PAYROLL DEDUCTION

1 <input type="checkbox"/> NEW PAYROLL DEDUCTION See back of form to select your PCFD, the entity that will manage your contributions.	F	G
	PCFD CODE # (REQUIRED)	MONTHLY CONTRIBUTION \$5 MINIMUM

**GIVING AT WORK
 PLEDGE FORM**

OR

CHANGE AN EXISTING ONGOING PAYROLL DEDUCTION

PLEASE CHECK ONLY ONE BOX BELOW.

2 <input type="checkbox"/> CHANGE MY EXISTING DEDUCTION AMOUNT Selecting this option CANCELS your existing deduction and contribution to your selected charitable organization(s). To re-designate, please complete section 8 below and sign and date line 11.	H	
	MONTHLY CONTRIBUTION \$5 MINIMUM	
3 <input type="checkbox"/> DELETE. I NO LONGER WISH TO CONTRIBUTE. Funds will no longer be deducted.		
4 <input type="checkbox"/> CHANGE MY PCFD (See back of form for list) Selecting this option CANCELS your existing deduction and contribution to your selected charitable organization(s). To re-designate, please complete section 8 below and sign and date line 11.	I	J
	PCFD CODE # (REQUIRED)	MONTHLY CONTRIBUTION \$5 MINIMUM
5 <input type="checkbox"/> CONTINUE MY EXISTING DEDUCTION Your existing monthly payroll deduction will remain the same. The organization(s) you contribute to will remain as previously directed unless you change them in section 8 below.		

NEED HELP FILLING OUT THIS FORM?
 SEE BACK FOR MORE INFORMATION.

CALIFORNIA GOVERNMENT CODE §13923 REQUIRES THAT EVERY STATE EMPLOYEE RECEIVE THIS PLEDGE FORM. YOUR SIGNATURE ON LINE 11 WILL VERIFY THAT THIS REQUIREMENT HAS BEEN MET.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR TAX RECORDS.

ARE YOU RETIRING? If you would like to give after retirement, please complete the following information and fill out boxes A - E. All designated organizations you list on this form will carry over.

7 **YES. I WOULD LIKE TO GIVE AFTER RETIREMENT.**

DATE OF RETIREMENT (MO/YR): _____

MONTHLY DONATION AMOUNT AFTER RETIREMENT: \$ _____

6 **THIS IS A NON-PAYROLL ONE-TIME CASH OR CHECK GIFT FOR THE TOTAL AMOUNT OF: \$ _____**
 Please make check payable to CSECC. For designations, complete section 8 below and sign and date line 11.

OPTIONAL SECTION

You have the right to designate all or part of your contribution to the charitable organization(s) of your choice. Any undesignated portion will be invested in local programs and services by the PCFD managing your funds.

8 **I WISH TO MAKE THE FOLLOWING DESIGNATION(S):** For detailed campaign information, visit OurPromiseCA.org.

ORGANIZATION NAME	ORGANIZATION CODE #	AMOUNT PER MONTH \$5 MINIMUM PER ORGANIZATION
1		\$
2		\$
3		\$

WRITE-IN ORGANIZATION : Designate to an organization that is not approved by the Victim Compensation and Government Claims Board, but is a nonprofit organization with a current 501(c)(3) filing.

(REQUIRED) ORGANIZATION NAME	AMOUNT DESIGNATED FOR WRITE-IN ORGANIZATION:	\$
(REQUIRED) ADDRESS		
(REQUIRED) CITY/STATE/ZIP	TOTAL ALL MONTHLY DESIGNATIONS	\$
PHONE NUMBER TAX I.D. #		

9 **PLEASE PROVIDE YOUR ACKNOWLEDGMENT INFORMATION.** Your email will be used to access the donor portal for giving history.

PREFERRED NAME(S) FOR RECOGNITION (IF DIFFERENT THAN ABOVE) _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

10 **I WISH TO REMAIN ANONYMOUS.** No acknowledgment information will be sent to donor or released to my nonprofit(s).

SIGN HERE

11 **I AUTHORIZE THE STATE CONTROLLER TO PROCESS THE PAYROLL DEDUCTION SELECTION AND THE PCFD TO DISTRIBUTE MY CONTRIBUTIONS AS LISTED ABOVE.**

SIGNATURE REQUIRED (INK ONLY) _____ DATE _____

12 **I HAVE BEEN GIVING SINCE** _____ (YEAR). If you've been giving for more than 10 years, you are a loyal contributor. Visit OurPromiseCA.org for more information.

13 **I CURRENTLY VOLUNTEER.** For more opportunities in your community, visit CaliforniaVolunteers.org.

NEED HELP? PAYROLL DEDUCTION INSTRUCTIONS

SET UP A NEW ONGOING PAYROLL DEDUCTION:

- Provide your SSN in box A.
- Select item 1.
- Fill in boxes F and G.
- Sign and date on line 11.

OPTIONAL:

- Make designations to specific organizations in section 8.
- If desired, fill out section 9 to release your acknowledgement information to the organization(s) of your choice.

CHANGE MY EXISTING DEDUCTION AMOUNT:

- Provide your SSN in box A.
- Select item 2.
- Fill in box H.
- Sign and date on line 11.

OPTIONAL:

- Make designations to specific organizations in section 8.
- If desired, fill out section 9 to release your acknowledgement information to the organization(s) of your choice.

DELETE MY EXISTING DEDUCTION:

- Provide your SSN in box A.
- Select item 3.
- Sign and date on line 11.

CHANGE MY PCFD:

- Provide your SSN in box A.
- Select item 4.
- Fill in boxes I and J.
- Sign and date on line 11.

OPTIONAL:

- Make designations to specific organizations in section 8.
- If desired, fill out section 9 to release your acknowledgement information to the organization(s) of your choice.

CONTINUE MY EXISTING DEDUCTION:

- Provide your SSN in box A.*
- Select item 5.
- Sign and date on line 11.

* PLEASE NOTE:

If you are **not** making any changes to your current deduction, **no** SSN is needed. However, if you are changing your designated organizations and/or providing acknowledgement information, SSN **must** be provided.

For detailed campaign information, visit OurPromiseCA.org.

PRINCIPAL COMBINED FUND DRIVE (PCFD) ORGANIZATION CODE NUMBERS

To be used when a PCFD code number is needed on the form.

PCFD CODE	PCFD ORGANIZATION	AREA SERVED
045	Arrowhead United Way	Big Bear, Bloomington, Crestline, Colton, Devore, Grand Terrace, Highland, Lake Arrowhead, Loma Linda, Rialto, Running Springs, San Bernardino and Mojave Valley Region
011	Central County Area	Hemet, San Jacino, Menifee, Winchester, Homeland, Romoland, Sun City, Anza, Aguanga, Sage and Idyllwild
069	Desert Communities United Way	Adelanto, Apple Valley, Baldy Mesa, El Mirage, Helendale, Hesperia, Indian Wells, Lucerne Valley, Oak Hills, Oro Grande, Phelan, Pinon Hills, Summit Valley, Victorville and Wrightwood
059	Inland Empire United Way	Eastern Los Angeles and Western San Bernardino Counties, including: Claremont, Diamond Bar, La Verne, Pomona, San Dimas, Walnut, Chino, Chino Hills, Fontana, Montclair, Ontario, Lytle Dreek, Upland, Rancho Cucamonga and Mt. Baldy
014	Kings United Way	Kings County
013	Nevada County United Way	Nevada and Sierra Counties
005	Orange County United Way	Orange County
003	Palo Verde United Way	Palo Verde Valley, Blythe in Eastern Riverside County
024	United Way California Capital Region	Alpine, Amador, El Dorado, Placer, Sacramento, Santa Barbara and Yolo Counties
036	United Way of Monterey County	Monterey County
028	United Way of Fresno County	Fresno, Madera and Mariposa Counties
004	United Way of Greater Los Angeles	Los Angeles County, excluding: Diamond Bar, Pomona, San Dimas and Walnut
002	United Way of Imperial County	Imperial County
071	United Way of Kern County	Kern, Inyo and Mono Counties
056	United Way of Merced County	Merced County
040	United Way of Northern California	Butte, Glenn, Lassen, Intermountain Area, Shasta, Siskiyou, Tehama, Trinity, Modoc and Plumas Counties
032	United Way of San Diego	San Diego County
023	United Way of San Joaquin County	San Joaquin County
039	United Way of San Luis Obispo County	San Luis Obispo County
012	United Way of Stanislaus Area	Stanislaus, Tuolumne and Calaveras Counties
022	United Way of the Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo and Solano Counties
064	United Way of the Desert	Coachella Valley: Palm Springs, Cathedral City, Desert Hot Springs, Rancho Mirage, Palm Desert, La Quinta, Indio, Coachella, Mecca, Sky Valley, Eagle Mountain and North Shore San Bernardino County: Morongo, Yucca Valley, Joshua Tree and Twentynine Palms
065	United Way of the East Valley	Redlands, Mentone, Yucaipa, Calimesa, Forest Falls and Oak Glen
019	United Way of the Inland Valleys	Counties Covered: Riverside, Corona, Murrieta, Temecula, Moreno Valley, Banning, Beaumont, Cabazon, Cherry Valley, Glen Avon, Jurupa, Mira Loma, Pedley, Rubidoux, Lake Elsinore, Canyon Lake, Wildomar, March Air Field, Perris, Norco, El Cerrito, Home Gardens, Lake Matthews, Eastvale
073	United Way of the Wine Country	Del Norte, Humboldt, Lake, Mendocino and Sonoma Counties
081	United Way of Tulare County	Tulare County
010	United Way of Ventura County	Ventura County
029	United Way Silicon Valley	Santa Clara, Santa Cruz and San Benito Counties
075	Yuba-Sutter United Way	Yuba, Sutter and Colusa Counties

For customer service, please contact **888-TO-DO-GOOD/888-863-6466**.