

Heart of Oregon

OREGON EMPLOYEES' CHARITABLE FUND DRIVE PLEDGE FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL NECESSARY BOXES BELOW.
SCAN YOUR PAPER COPY AND EMAIL IT TO YOUR CAMPAIGN COORDINATOR

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE ID#
CITY OF WORKPLACE	AGENCY	WORKPHONE

EMAIL ADDRESS

☐

PLEASE DO NOT PASS MY INFORMATION ALONG TO MY CHOSEN CHARITIES.

ADDRESS

CITY

STATE

ZIP CODE

CHOOSE YOUR NONPROFIT ORGANIZATIONS

TO DESIGNATE ONE OR MORE AGENCIES OR FEDERATED GROUPS, FILL IN THE AGENCY
OR FEDERATION NUMBER(S) AND THE ANNUAL DOLLAR AMOUNTS.
FIND ORGANIZATION CODE NUMBERS IN THE GIVING GUIDE OR ECFD.OREGON.GOV

AGENCY CODE	ANNUAL AMOUNT

AGENCY CODE	ANNUAL AMOUNT

CHOOSE PAYMENT METHOD

PAYROLL CONTRIBUTION: _____ X _____ = \$ _____
AMOUNT PER PAYCHECK # OF PAYCHECKS TOTAL DONATION

PLEASE NOTE: CREDIT CARD PR CHECKING ACCOUNT DONATIONS CAN ONLY BE
PROCESSED THROUGH THE ONLINE IPLEDGE SYSTEM FOR SECURITY PURPOSES.
PLEASE VISIT THE ECFD.OREGON.GOV WEBSITE

MAKE IT OFFICIAL

I AUTHORIZE THE STATE OF OREGON, AS MY EMPLOYER, TO
WITHHOLD FROM MY SALARY THE AMOUNT AS INDICATED TO THE
LEFT, BEGINNING JANUARY 1st, 2027, PAID DIRECTLY TO THE FUND
AND/OR FEDERATIONS I HAVE INDICATED

SIGNATURE (NEEDED FOR PAYROLL DEDUCTION)

TODAY'S DATE



THANK YOU FOR INVESTING IN LOCAL COMMUNITIES WITHIN OUR BEAUTIFUL STATE

Did you know?

ALL COSTS FOR THE FUND DRIVE (LIKE THIS DONATION ENVELOPE) ARE PAID BY
THE PARTICIPATING CHARITIES AND ARE NEVER WITHHELD FROM DONATIONS.