Oregon Employees' Charitable Fund Drive 2020

Please print clearly and complete all necessary boxes below.
Scan your paper copy and email it to your office's Fund Drive Coordinator.

Employee LAST Name	Employee FIRST Name	Employee ID # (if payroll contribution)
City of Workplace	Agency	Work Phone

Email Address

Address City State Zip

☐ Please do not pass my information along to my chosen charities.

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 this document or at ECFD.OREGON.GOV

Agency Code	Annual Amount	Agency Code	Annual Amount

CHOOSE PAYMENT METHOD

Payroll Contribution: _____ × _____ = $_____
amount per paycheck # of paychecks

PLEASE NOTE: Credit Card or checking account withdrawl donations can only be processed through the online iPledge system for security purposes. Please visit ecfd.oregon.gov to make your gift.

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 on January 1, 2021 paid directly to the funds and/or federations I have indicated.

Signature (needed for payroll contribution)

Today's date