THE CUNY CAMPAIGN
for Voluntary Charitable Giving

PLEDGE FORM

www.cuny.edu/campaign

DONOR INFORMATION (please print or type)

FIRST NAME _____ LAST NAME _____ WORK EMAIL _____

COLLEGE _____ DAYTIME TELEPHONE _____

COMPLETE THE FIELDS BELOW FOR A PAYROLL DEDUCTION DONATION

☐ CITY PAYROLL EMPLOYEE ☐ STATE PAYROLL EMPLOYEE ☐ RESEARCH FOUNDATION EMPLOYEE

CITY REFERENCE # and CD _____ JSN# _____ NYS EMPLID (N followed by 8 digits) _____ DEPARTMENT ID _____

Please refer to your paystub for this information.
This is not your CUNY ID. Go to cuny.edu/campaign for instructions.

Research Foundation employees may only make a one-time gift. To make a gift by credit card or e-check go to https://www.giveattheoffice.org/_cuny and follow the instructions to register with the college where you work.

PLEDGE INFORMATION

1. **PLEASE SELECT PAYROLL DEDUCTION OR A ONE-TIME GIFT.**

☐ **Payroll Deduction -** I want to contribute the following amount per pay period:

☐ $40.00 ☐ $20.0 ☐ $15.0 ☐ $12.00 ☐ $6.00 ☐ Other $

For **26** pay periods, my annual contribution is $ _____

☐ **One-Time Gift Amount: $** ____ Enclosed is my check payable to The CUNY Campaign.

2. **PLEASE ENTER THE FIVE DIGIT CODE AND ALLOCATION AMOUNT FOR YOUR DESIGNATED CHARITIES.**

_____	_____	_____	_____	_____
Charity Code	Charity Code	Charity Code	Charity Code	Charity Code
$____	$____	$____	$____	$____
Total Amount	Total Amount	Total Amount	Total Amount	Total Amount

3. **ACKNOWLEDGEMENT: Please release my name and contact information to my designated charities.**
(Information is only released to the designated charities with your authorization)
Home Address _____ City _____ State _____ Zip Code _____
Email Address _____

PLEASE SIGN HERE TO AUTHORIZE YOUR PAYROLL DEDUCTION PLEDGE.

Signature _____ Date _____

Thank you for your contribution to The CUNY Campaign. No goods or services were provided in exchange for this contribution.
Please keep a copy of this form for your tax records. If you chose the Payroll Deduction method of paying your pledge, you will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to the charitable organization. Consult your tax advisor for more information.

FOR OFFICIAL USE ONLY (City Payroll Employees Only)

ACTION CODE ___ DOC NO. _____

CD ___ JSN ___ PAYROLL NO. _____

EFFECTIVE DATE _____

EXPIRATION DATE _____

DEDUCTION CODE _____

PAYEE CODE REPORT 0 _____

DEDUCTION AMT. + _____

PMS 25