

1		2	3	4	5
Social Security Number		Employee Name	Agency	Unit	Current PCFD Code #



★ CALIFORNIA STATE EMPLOYEES ★  
**CHARITABLE CAMPAIGN**

### CSECC PLEDGE FORM

*Please retain a copy of this form for your tax records.*

California Government Code §13923 requires that every State employee receive this pledge form. Your signature on line F, or initials on line K will verify that this requirement has been met.

Minimum deduction is \$2.00 per month. All deductions will continue unless you revoke or change them.

**NOTE:** Checking B or D will cancel previous designations.

PLEASE TYPE OR PRINT LEGIBLY, USING A BALL POINT PEN  
PLEASE INDICATE HOW YOUR PAYROLL DEDUCTION SHOULD BE PROCESSED

A.  **NEW PAYROLL DEDUCTION**

New donors must specify a PCFD to manage your donation. See back of this form for a list of PCFDs. Place the new PCFD Code # in Box 6 to the right. Place your monthly deduction amount to the right of Box 6.

6			\$
New PCFD Code #			Total monthly contribution

B.  **CHANGE MY EXISTING DEDUCTION AMOUNT**

I wish to change my monthly payroll deduction to the amount listed in the box to the right. Checking this box will cancel previous designations.

\$
Total monthly contribution

C.  **DELETE, I NO LONGER WISH TO CONTRIBUTE Funds will no longer be deducted.**

D.  **CHANGE MY PRINCIPAL COMBINED FUND DRIVE (PCFD)**

I wish to change the PCFD which manages my donation. See back of this form for a list of PCFDs. Place the new PCFD Code # in Box 7 to the right. Place your monthly deduction amount to the right. Checking this box will cancel previous designations.

7			\$
New PCFD Code #			Total monthly contribution

E.  **CONTINUE MY EXISTING DEDUCTION**

**My monthly payroll deduction amount will remain the same. The organizations I contribute to will remain as previously directed unless I change them in section G below.**

F. I authorize the STATE CONTROLLER to process the payroll deduction selection listed above.

SIGNATURE REQUIRED (INK ONLY)

DATE

**SECTION BELOW AUTHORIZES YOUR DESIGNATION SELECTION FOR PCFD AGENCY USE (OPTIONAL):**

**DESIGNATION(S) TO SPECIFIC ORGANIZATIONS APPROVED AND LISTED IN THE DONOR RESOURCE GUIDE**

An employee has the right to designate all or part of their contribution to the charitable organization(s) of their choice. Any undesignated portion will be distributed to charitable organizations by the local PCFD volunteer committee.

G.  **I WISH TO MAKE THE FOLLOWING DESIGNATION(S):**

Organization Name(s):	Organization Code #	Amount Per Month (\$2 Minimum per organization)	Check for 1 year only*
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
Write-In Organization Information An organization not approved by the Victim Compensation and Government Claims Board, but is a 501(c)(3) non-profit organization.		Amount Per Month (\$2 Minimum per organization)	Check for 1 year only*
Organization Name (Required)		Amount of Write-In →	\$
Address (Required)		<b>TOTAL ALL Monthly Designations →</b>	\$
City/State/Zip (Required)			
Phone Number		Tax Identification Number	
* Check this box if you want your donation to go to the designated organization(s) you've selected for one year only and then to the PCFD agency managing your donation until you instruct otherwise.			

H.  This is a one-time check/cash contribution for the total amount of \$\_\_\_\_\_. (Please make check payable to: CSECC)

I.  If you wish to have the PCFD acknowledge your donation, please complete the information below. Acknowledgment information must be provided on an annual basis.

Please write preferred name(s) for recognition acknowledgements if different than above.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

J.  I authorize the PCFD to distribute my contributions as stated above.

SIGNATURE REQUIRED (INK ONLY)

DATE

K.  **DECLINE — I HAVE NO CURRENT DEDUCTIONS AND DO NOT WISH TO CONTRIBUTE AT THIS TIME** (please initial) \_\_\_\_\_

Remember, if you have a current deduction, you must check box C above, and sign line F. Initials alone will not discontinue your deduction.

**In addition to donating to these worthy charitable causes, please also remember to donate your time. Visit [CaliforniaVolunteers.org](http://CaliforniaVolunteers.org) to find meaningful volunteer opportunities in your community.**



**PCFD CODE NUMBERS (TO BE USED WHEN A FUND DRIVE CODE NUMBER IS NEEDED FOR BOX 6 OR BOX 7)**

<b>PCFD ORGANIZATION</b>	<b>AREA SERVED</b>	<b>PCFD Code</b>
Arrowhead United Way	Big Bear, Bloomington, Crestline, Colton, Devore, Grand Terrace, Highland, Lake Arrowhead, Loma Linda, Rialto, Running Springs, San Bernardino, Mojave Valley Region	045
United Way of the Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, and Solano Counties	022
United Way of Butte and Glenn Counties	Butte and Glenn Counties	044
United Way California Capital Region	Alpine, Amador, El Dorado, Placer, Sacramento, Santa Barbara and Yolo Counties	024
Central County United Way	Aguanga, Anza, Garner Valley, Gilman Hot Springs, Hemet, Homeland, Idyllwild, Lakeview, Menifee, Mountain Center, Nuevo, Pine Cove, Romoland, Sage, San Jacinto, Sun City, Winchester	011
United Way of the Desert	The Coachella Valley: Indio, Bermuda Dunes, Indian Wells, Cathedral City, Coachella, Desert Center, Desert Hot Springs, Sky Valley, Thousand Palms, Salton City, White Water, Pinyon, Indio Hills, Eagle Mountain, La Quinta, Mecca, North Shore, Palm Desert, Palm Springs, Rancho Mirage, Desert Shore, Oasis, Thermal, Morongo Basin area, including Joshua Tree, Landers, Morongo Valley, Pioneertown, Twenty-nine Palms and Yucca Valley.	064
Desert Communities United Way	Adelanto, Apple Valley, Baldy Mesa, El Mirage, Helendale, Hesperia, Lucerne Valley, Oak Hills, Oro Grande, Phelan, Pinon Hills, Summit Valley, Victorville, and Wrightwood	069
United Way of the East Valley	Redlands, Mentone, Highland, Loma Linda, Yucaipa, Calimesa, Forest Falls, Oak Glen	065
United Way of Fresno County	Fresno, Madera and Mariposa Counties	028
United Way of Greater Los Angeles	Los Angeles County excluding Diamond Bar, Pomona, San Dimas, and Walnut	004
United Way of Humboldt County	Humboldt and Del Norte Counties	074
United Way of Imperial County	Imperial County	002
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 Creek, Upland, Rancho Cucamonga, Mt. Baldy	059
United Way of the Inland Valleys	Banning, Beaumont, Cabazon, Cherry Valley, Glen Avon, Jurupa, Mira Loma, Pedley, Rubidoux, Lade Elsinore, Canyon Lake, Wildmar, March Field, Moreno Valley, Perris, Temecula, Murrieta, Riverside, Corona, Norco, El Cerrito, Home Gardens, Lake Matthews and surrounding county land.	019
United Way of Kern County	Kern, Inyo, and Mono Counties	071
Kings United Way	Kings County	014
United Way of Merced County	Merced County	056
United Way of Monterey County	Monterey County	036
Nevada County United Way	Nevada and Sierra Counties	013
<b>United Way of Northern California</b> United Way of Intermountain Area United Way of Lassen County United Way of Modoc County United Way of Plumas County United Way of Shasta County United Way of Siskiyou County United Way of Tehama County United Way of Trinity County	Lassen, Intermountain area, Shasta, Siskiyou, Tehama, Trinity, Modoc, and Plumas Counties	040
Orange County United Way	Orange County	005
Palo Verde United Way	Palo Verde Valley, Blythe in Eastern Riverside County	003
United Way of San Diego County	San Diego County	032
United Way of San Joaquin County	San Joaquin County	023
United Way of San Luis Obispo County	San Luis Obispo County	039
United Way Silicon Valley	Santa Clara, Santa Cruz and San Benito Counties	029
United Way of Stanislaus Area	Stanislaus, Tuolumne, and Calaveras Counties	012
United Way of Tulare County	Tulare County	081
United Way of Ventura County	Ventura County	010
United Way of the Wine Country	Lake, Mendocino, and Sonoma Counties	073
Yuba-Sutter United Way	Yuba, Sutter and Colusa Counties	075