

NYC Gives PLEDGE FORM

INSTRUCTIONS & INFORMATION

- This is a PDF fillable form. Please complete all employee sections of the form below on your computer or by hand.
- Use the [Online Searchable Charity Listing](#) available on the [NYC Gives](#) web page to select a maximum of five charities you would like to contribute towards. This listing contains the most current listing of participating charities.
- Ensure that you print and return the completed form to your [NYC Gives Agency Liaison](#) for processing.
- For more information regarding the campaign, please visit the [Frequently Asked Questions](#) located in the "For City Employees" section of the [NYC Gives](#) web page.

EMPLOYEE INFORMATION

Employee ID # (7-digits):	
Employee Name:	
Agency & Department Name:	
Work Email:	
Work Phone #:	

EMPLOYEE PLEDGE INFORMATION

A. CONTRIBUTION DESIGNATION – I designate my contribution to the following charities (max of 5 only):

1. Code #: <input style="width: 50px;" type="text"/> \$ _____ (per pay period)	2. Code #: <input style="width: 50px;" type="text"/> \$ _____ (per pay period)
3. Code #: <input style="width: 50px;" type="text"/> \$ _____ (per pay period)	4. Code #: <input style="width: 50px;" type="text"/> \$ _____ (per pay period)
5. Code #: <input style="width: 50px;" type="text"/> \$ _____ (per pay period)	

B. PAY SCHEDULE - Please indicate how often you are paid: Weekly Biweekly Semi-Monthly

C. PAYROLL DEDUCTION - I proudly pledge the following dollar amount for each pay period:

\$ _____ (amount of your choice)

The total amount designated in this section must equal the total amount designated in section A-Contribution Designation.

EMPLOYEE SIGNATURE

Employee Signature: _____	Date: _____
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FOR OFFICIAL USE ONLY BY AGENCY PAYROLL DEPARTMENT

ACTION CODE <input type="checkbox"/>	DOC NO. <input style="width: 50px;" type="text"/>	EFFECTIVE DATE <input style="width: 50px;" type="text"/>
CD <input type="checkbox"/>	JSN <input type="checkbox"/>	PAYROLL NO. <input style="width: 50px;" type="text"/>

DEDUCTION CODE (PMS BE #25)	<input style="width: 100%;" type="text"/>
PAYEE CODE REPORT	<input style="width: 100%;" type="text"/>
DEDUCTION AMOUNT	<input style="width: 100%;" type="text"/>

PREPARER'S NAME: _____	PREPARER'S PHONE #: _____
PREPARER'S SIGNATURE: _____	DATE: _____
REVIEWER'S SIGNATURE: _____	DATE: _____
DATA ENTRY OPERATOR'S SIGNATURE: _____	DATE: _____