Portland Community College 2022 Charitable Giving Drive Pledge Form

Please Print Legibly	
Name	
G#	
Campus Address	
E-mail Address	@pcc.edu

Pledges will be deducted each payday from January 1, 2022 through December 31, 2022.

Complete the box(es) below showing the amount of your payroll deduction.

Check if you are paid bi-weekly or monthly.

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American Red Cross (Oregon Chapter) www.redcross.org/local/or	Black United Fund of Oregon www.bufor.org	
Please deduct \$ from my paycheck. Check one: □ Bi-weekly or □ Monthly C01	Please deduct \$ from my paycheck. Check one: ☐ Bi-weekly or ☐ Monthly C05	
EarthShare Oregon www.earthshare-oregon.org	LifeWorks Northwest www.lifeworksnw.org	
Please deduct \$ from my paycheck. Check one: □ Bi-weekly or □ Monthly C50	Please deduct \$ from my paycheck. Check one: ☐ Bi-weekly or ☐ Monthly C45	
Oregon Energy Fund www.oregonenergyfund.org Please deduct \$ from my paycheck. Check one: Bi-weekly or Monthly C40	PCC Foundation Complete the PCC Foundation pledge form or go to www.pcc.edu/give.	
☐ Designation Option. I have designated funds on the reverse. See Designation Options on reverse. To designate funds to a particular agency or fund within these organizations, check the Designation Option box above and complete the information on the back of this form.		
Contributions are confidential. If you wish to receive an acknowledgement from any of the organizations to which you have contributed, please write your address below.		
Address		
City	State Zip	
I would like to make a one-time donation (check one):		
☐ Through a one-time payroll deduction (January 2022 paycheck only)		
☐ Check is enclosed. (Make check payable to the agency or designation.)		
PLEASE READ BEFORE SIGNING: I understand that my pledge will be deducted each payroll from January 1, 2022 through December 31, 2022. I can make a change in contribution or cancel the pledge by contacting the Payroll Department.		
Signature Required for Payroll Deduction	Date	

DESIGNATION OPTIONS

Please print

If designating to multiple charities through the same agency, please indicate amount for each charity.

Example: if donating to three charities via Black United Fund or Oregon, indicate the monthly amount to go to each charity.

Designation(s) for the American Red Cross See www.redcross.org/local/or for more details.		
 □ Use Dollars Where Most Needed □ Local Disaster Relief 		
Designation(s) for the Black United Fund of Oregon See www.bufor.org for more details.		
☐ Use Dollars Where Most Needed		
☐ Education		
☐ Agency (full name)		
☐ Agency (full name)		
☐ Agency (full name)		
Designation(s) to EarthShare-Oregon See www.earthshare-oregon.org for more details		
☐ EarthShare Member Charity		
☐ EarthShare Member Charity		
☐ EarthShare Member Charity		
Designation(s) for LifeWorks NW See www.lifeworksnw.org for more details.		
☐ Use where needed		
□ Prevention		
☐ Mental Health (circle one) Adult or Youth		
☐ Addiction (circle one) Adult or Youth		

Your donation will make a difference in our community. Thank you!