

A		B	C	D	E
SOCIAL SECURITY NUMBER		EMPLOYEE NAME	AGENCY	UNIT	CURRENT PCFD CODE #



PRINT LEGIBLY USING A BALL POINT PEN. **FOR INSTRUCTIONS TO FILL OUT THIS FORM, SEE BACK.**

**SET UP A NEW ONGOING PAYROLL DEDUCTION**

<b>1</b> <input type="checkbox"/> <b>NEW PAYROLL DEDUCTION</b> See back of form to select your PCFD, the entity that will distribute designations to nonprofits provided in section 9. To designate, complete section 9 and sign and date line 12.	F		G	\$
	PCFD CODE # (REQUIRED)		TOTAL MONTHLY DEDUCTION \$5 MINIMUM	



**CHANGE AN EXISTING ONGOING PAYROLL DEDUCTION**

PLEASE CHECK ONLY ONE BOX BELOW.

<b>2</b> <input type="checkbox"/> <b>CHANGE MY EXISTING PAYROLL DEDUCTION</b> This CANCELS your existing nonprofit designation(s). To re-designate, complete section 9 and sign and date line 12.	H	\$
	TOTAL MONTHLY DEDUCTION \$5 MINIMUM	
<b>3</b> <input type="checkbox"/> <b>CHANGE MY EXISTING PCFD</b> (See back of form for list.) This CANCELS your existing deduction amount and your existing nonprofit designation(s). Write your deduction amount in box J. To re-designate, complete section 9 and sign and date line 12.	I	J
	PCFD CODE # (REQUIRED)	\$
<b>4</b> <input type="checkbox"/> <b>CONTINUE MY EXISTING PAYROLL DEDUCTION</b> The nonprofit(s) you contribute to will remain as previously directed. To re-designate, complete section 9 and sign and date line 12.		
<b>5</b> <input type="checkbox"/> <b>DELETE MY EXISTING PAYROLL DEDUCTION.</b>		

<b>6</b> <input type="checkbox"/> <b>THIS IS A NON-PAYROLL ONE-TIME CASH OR CHECK GIFT FOR THE TOTAL AMOUNT OF: \$</b> _____ Only checks payable to Our Promise will be accepted. To designate, complete section 9 and sign and date line 12.
--

**GIVING AT WORK PLEDGE FORM**

**ARE YOU RETIRING?** If you want to contribute after retirement, fill out boxes A and B and complete the following information:

**7**  **YES. I WANT TO CONTRIBUTE AFTER RETIREMENT.\***

DATE OF RETIREMENT (MO/YR): \_\_\_\_\_

MONTHLY DEDUCTION AMOUNT AFTER RETIREMENT (\$5 MINIMUM): \$ \_\_\_\_\_

\* To designate, complete section 9 and sign and date line 12.

**8**  **DECLINE. I HAVE NO EXISTING PAYROLL DEDUCTION AND DO NOT WISH TO START AT THIS TIME.**

▶ \_\_\_\_\_ INITIAL

NOTE: If you have an existing payroll deduction (PCFD code in box E), you must delete using section 5 and sign and date line 12.

**OPTIONAL SECTION**

You can designate all or part of your deduction to the nonprofit(s) of your choice. Any undesignated portion will be invested in local programs and services by the PCFD managing your funds.

Designate to specific nonprofits approved by the Victim Compensation and Government Claims Board (VCGCB) listed at [OurPromiseCA.org/nonprofits](http://OurPromiseCA.org/nonprofits).

**9**  **I WISH TO MAKE THE FOLLOWING DESIGNATION(S):** For detailed campaign information, visit [OurPromiseCA.org](http://OurPromiseCA.org).

NONPROFIT NAME	NONPROFIT CODE #	AMOUNT PER MONTH \$5 MINIMUM PER NONPROFIT
1		\$
2		\$
3		\$

WRITE-IN NONPROFIT : Designate to a nonprofit that is not approved by the VCGCB, but has a current 501(c)(3) filing.

REQUIRED	NONPROFIT NAME	AMOUNT DESIGNATED FOR WRITE-IN NONPROFIT (\$5 MINIMUM):	\$
	ADDRESS		
	CITY/STATE/ZIP	TOTAL ALL MONTHLY DESIGNATIONS	\$
PHONE NUMBER	TAX I.D. #		

**10**  **PROVIDE YOUR ACKNOWLEDGMENT INFORMATION.** This will be released to the nonprofit(s) you designate to.

PREFERRED NAME(S) FOR RECOGNITION (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**11**  **I WISH TO REMAIN ANONYMOUS.** No acknowledgment information will be sent to me or released to my nonprofit(s).

**12** I AUTHORIZE THE STATE CONTROLLER TO PROCESS MY PAYROLL DEDUCTION AND MY SELECTED PCFD TO DISTRIBUTE MY DESIGNATIONS AS LISTED IN SECTION 9.

▶ **SIGNATURE REQUIRED** (INK ONLY) \_\_\_\_\_ DATE \_\_\_\_\_

**SIGN HERE**

To learn about volunteer opportunities in your community, visit [CaliforniaVolunteers.org](http://CaliforniaVolunteers.org).

NOT PRINTED AT GOVERNMENT EXPENSE. THIS IS A CHARITABLE CONTRIBUTION. NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR THIS CONTRIBUTION. CONSULT YOUR TAX ADVISOR FOR MORE INFORMATION. [WWW.OURPROMISECA.ORG](http://WWW.OURPROMISECA.ORG)

CALIFORNIA GOVERNMENT CODE §13923 REQUIRES THAT EVERY STATE EMPLOYEE RECEIVE THIS PLEDGE FORM. PLEASE RETAIN A COPY OF THIS FORM FOR YOUR TAX RECORDS.

REV 2016

## NEED HELP? PAYROLL DEDUCTION INSTRUCTIONS

### SET UP A NEW ONGOING PAYROLL DEDUCTION:

- Provide your SSN in box A.
- Select section **1**
- Fill in boxes F and G.
- Sign and date line 12.

#### OPTIONAL:

- Designate to specific nonprofits in section 9.
- Complete section 10 to release acknowledgement information to your selected nonprofits.

### CHANGE MY EXISTING PAYROLL DEDUCTION:

- Provide your SSN in box A.
- Select section **2**
- Fill in box H.
- Sign and date line 12.

#### OPTIONAL:

- Designate to specific nonprofits in section 9.
- Complete section 10 to release acknowledgement information to your selected nonprofits.

### CHANGE MY EXISTING PCFD:

- Provide your SSN in box A.
- Select section **3**
- Fill in boxes I and J.
- Sign and date line 12.

#### OPTIONAL:

- Designate to specific nonprofits in section 9.
- Complete section 10 to release acknowledgement information to your selected nonprofits.

### CONTINUE MY EXISTING PAYROLL DEDUCTION:

- Provide your SSN in box A.\*
- Select section **4**
- Sign and date line 12.

\* PLEASE NOTE: If you are **not** making a change to your existing payroll deduction or your existing nonprofit designations a SSN is not needed. However, if you are changing your designations or providing acknowledgement information in section 10, a SSN **must** be provided.

### DELETE MY EXISTING DEDUCTION:

- Provide your SSN in box A.
- Select section **5**
- Sign and date line 12.

### PRINCIPAL COMBINED FUND DRIVE (PCFD) ORGANIZATION CODE NUMBERS

To be used when selecting the PCFD you want to distribute your nonprofit designations. Your PCFD will also receive any undesignated portion of your monthly payroll deduction.

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

For customer service, please contact **888-863-6466**.  
For detailed campaign information, visit **OurPromiseCA.org**.