



County of Sonoma

2019 Employee Combined Fund Drive



Print Name _____ Employee ID# _____ Department _____

Address _____
Please list address if you are paying by credit card (i.e. billing address) or if you wish to be acknowledged for your gift.

City _____ State _____ ZIP _____

Phone () _____ Email _____

How would you like to invest in our community?

Payroll deduction (Begins January 2020)

Deduct \$ _____ per pay period _____ (pay periods per year)

FLAT DONATION AMOUNT OF \$ _____ (Deducted 1st pay period of January 2020)

Credit/Debit Card (MasterCard, Visa, American Express, Discover)

Account # _____ Expiration _____ Security Code _____

Pay Now in Full

(Please attach cash or write a check payable to County of Sonoma Employee Combined Fund Drive.)

Make this a perpetual pledge (i.e. payroll gift will continue annually w/option to make changes/terminate at any time)

Designate your pledge:

Please limit to 5 total designations (if possible).

Note: Nonprofit Agency - must be valid 501(c)3; list agency name, phone, & city for validation purposes; Agency Guide at sonomacounty.ca.gov/donation

Signature _____ Date _____

Thank you for supporting your community!

Please return the completed pledge form to your Employee Campaign Leader (ECL) or Auditor Payroll, and keep a copy for your records.