

# 2021 Tennessee Employees Charitable Campaign Pledge Form

Donor Information

Name \_\_\_\_\_ Dept. \_\_\_\_\_ Employee ID # \_\_\_\_\_  
(used for state payroll purposes only)

- Please acknowledge my gift. (If you choose to leave the section below blank, your gift will be marked anonymous.)
- Retiring this year? Please check this box if you would like to receive further communications from your designated charities.
- This is my FIRST YEAR participating in the TECC!

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home email address \_\_\_\_\_

*Your favorite charity would like to thank you for your gift but will be unable to do so if you leave the information above incomplete.*

**You may select up to three (3) different charities to receive your contribution.  
 Please review the brochure and complete one, two or three of the lines below for your designation(s).**

Charity Designation

**You may only choose to designate your gifts as monthly OR one-time. You may not combine the options.**

Monthly (Jan-Dec) OR One-Time (Jan only)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Amount OR One-Time Gift

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Amount OR One-Time Gift

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Amount OR One-Time Gift

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

**GRAND TOTALS:** Total - Monthly Amount Column \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_

**OR** Total - One Time Gift Column \$ \_\_\_\_\_

**Be a Club Member!**

Volunteer Club Member (\$50 a month equals at least \$600.00 annually)

Mockingbird Club Member (\$30 a month equals at least \$360.00 annually)

Iris Club Member (\$10 a month equals at least \$120.00 annually)

Buck-A-Week Club Member (Grand total equals at least \$51.96 annually - only \$4.33 per month!)

**You may deduct the annual gift grand total from your 2020 federal taxes.**

**For deduction purposes, be sure to keep this receipt and any paycheck stubs reflecting your contribution.**

Authorize

I authorize my payroll deduction as indicated on this pledge form (signature required below):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for your contribution! Please return this form to your charitable giving coordinator.**

For tax purposes, nothing of substantial value was given in return for this contribution.