

Montgomery County Employee Giving Campaign 2025 Pledge Form

|] | Check this box for | | | | | | | |
|---|--------------------|--|--|--|--|--|--|--|
| | additional pledge | | | | | | | |
| | form page only. | | | | | | | |

Give online at: https://montgomerycounty.ac-engage.org

| FIRST NAME | All pledg | e forms | must | be ser | it to A | meri | ca's (| Chariti | es by [| eceml | ber 31, | 2025. | | MIDDL | E INITIAL |
|--|--------------------|-------------------|-------------------|----------|-----------|----------|--------|-----------------|-------------|-------------|---------------------|-------------|-------------|------------------|------------------------------|
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| LAST NAME | | | | | | | | • | | | * | | | | |
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| CONTACT INFORMATION | | | | | | | | | | | | | | | |
| Unique EMPLOYEE ID / INVITE COD |)E | | | | | | | | | PHONE | NUMBER (F | or use to | verify desi | gnation) | |
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| EMAIL | | | 1 1 | 1 1 | 1 | ıı | ıı | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | |
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| HOME ADDRISS (Optional) Require | ed for acknowledge | ements if no | email | | | | 1 1 | | | 1 1 | 1 1 | T | | | |
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| СПУ | | | | | | | | | | | | STATE | z | IP | |
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| Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? | | | | | | | | | | | | | | | |
| DESIGNATING YOU | R GIFT To de | esignate m | ore t h an | 4 chari | ties, ple | ease use | a seco | nd for m | and chec | k the bo | (in t h e to | p right c | ornero | f the addit | tional page. |
| WRITE-IN A CHARITY: To support a Nonprofit address and tax ID inform | • | | | | | | | t be able t | o process " | Write-in" p | oledges unle | ess all non | profit info | rmation is p | orovided. |
| NONPROFITEIN/TAX ID | | | NONPROF | | • | | | G | IFT AMOUN | ΙΤ | | | | PAYMEN | Т ТҮРЕ |
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| This is a write-in ADDRESS | | | | CITY | | | | | STAT | E | ZIP COI | DE | | | eduction heck |
| Make checks navable to "America's Charities - Fiscal Agent" All check donations will be cashed in | | | | | | | | | | | | | | | |
| the current year. PLEASE RETURN to: America's Charities, ATTN: C | THIS FORM, ALON | G WITH ANY | CHECK DO | ONATIONS | BY Dec. | 31 | Total | Sum o | f All Che | ck Don | ations: | \$ | | | • |
| 330S, Chantilly, VA 20151 | | | | | | | | | | | Check # | # : | | | |
| For payroll deduction pledges, scan a copy of this form and email it to America's Charities at: MCMDpledges@charities.org by Dec. 31. All payroll deduction pledges designated above will | | | | | | | | | | | | | | | |
| begin with the second pay period of the next calendar year. (Deduction period Jan - Dec 2026). Payroll Deduction Pledged: \$ | | | | | | | | | | | | | | | |
| AUTHORIZATION (Sign and date here to authorize pledge and payment method.) | | | | | | | | | | | | | | | |
| Sign: | | | | | | | | | Date | e: | | | 1 | | |
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