

# City of Cambridge 2013 Pledge Form

Name: \_\_\_\_\_ Employee ID number: \_\_\_\_\_

Department & Address: \_\_\_\_\_

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

Indicate your pledge by filling in the amount you wish to have deducted from **each** pay period next to the three letter payroll code for the charity(ies) of your choice. If you wish to designate your pledge or part of it to a charity's member agency(ies), include that agency's name(s) on the line next to the federation name and code number.

***Fold this form in half, tape or staple it for privacy and return it via interoffice mail to:***

**Laura Nichols  
Cambridge Consumers' Council  
831 Massachusetts Avenue  
Cambridge MA 02139**

If you have any questions please call Laura: 617-349-6150 or email at: [lnichols@CambridgeMA.gov](mailto:lnichols@CambridgeMA.gov)

Amount Per Pay Period	Charity Name & Code	Optional Designation
\$ _____	(ABC) ABCD, Inc	_____
\$ _____	(AMC) America's Charities	_____
\$ _____	(CHL) Cambridge Health Alliance	_____
\$ _____	(CSV) Cambridge School Volunteers	_____
\$ _____	(CHA) Community Health Charities	_____
\$ _____	(COM) Community Works	_____
\$ _____	(EFN) Earth Share of New England	_____
\$ _____	(ICA) Independent Charities of America	_____
\$ _____	(MDA) Muscular Dystrophy Association	_____
\$ _____	(UNW) United Way of MA Bay	_____

***Please check here if you wish to have your name released to the charities you have selected.***