2026 Commonwealth of Virginia Campaign
INDIVIDUAL EMPLOYEE PAPER PLEDGE FORM

State Agency Name: _____ **Agency Code:** _____

Employee ID Number: _____ **Department/Work Unit:** _____

Employee Name: _____

STEP 1: Please complete the information to state the amount of your payroll deduction pledge. Do not use this form when making an online donation.

Payroll Deduction Pledge: Choose the total amount you'd like to donate for the year. This amount will be divided evenly across your pay periods and deducted post-tax from January through December.

Example: A $240 total pledge equals a $10 deduction each pay period.

$ _____ **per 24 pay periods (semi-monthly) = $** _____

STEP 2: Choose whether you wish to designate your gift to a specific charity. Consult the CVC Charity List at www.cvc.virginia.gov or see your CVC Coordinator for designation codes. There are over 700 charities needing your help.

☐ **I do not wish to designate my gift. (All undesignated gifts are donated to the Virginia State Employee Assistance Fund (VSEAF). More information can be found here:** https://www.dhrm.virginia.gov/vseaf

☐ **I wish to designate my gift as follows (for more than four designations, attach additional forms):**

CVC Code	Name of Charity	Annual Amount	CVC Code	Name of Charity	Annual Amount
		$			$
CVC Code	Name of Charity	Annual Amount	CVC Code	Name of Charity	Annual Amount
		$			$

STEP 3: Authorize your donation and choose whether you wish to be acknowledged.

☐ **I wish for my gift to be anonymous *OR***

☐ **Please share my name, address, and amount of gift with the charities I have selected for acknowledgement purposes. I am providing my mailing address for this purpose:**

Mailing Address: _____

By signing below, I authorize this contribution to the CVC.

_____ _____

Employee Signature **Date**

STEP 4: Please create two copies of this form. Keep one for your tax records and send a copy to your CVC Coordinator, who will deliver it to the CVC for recording.