



NCB Employee Giving Pledge Form

Check this box for
additional pledge
form page only.

Give online at: <https://ncb.americascharities.stratuslive.com>

FIRST NAME

MIDDLE INITIAL

LAST NAME

CONTACT INFORMATION

Unique EMPLOYEE ID / INVITE CODE

PHONE NUMBER (For use to verify designation)

 - -

EMAIL

HOME ADDRESS (Optional) Required for acknowledgements if no email

CITY

STATE

ZIP

Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? Yes No

DESIGNATING YOUR GIFT

To designate more than 4 charities, please use a second form and check the box in the top right corner of the additional page

WRITE-IN A CHARITY: To support a charity not listed in the campaign, check the "This is a write-in" box. We will not be able to process "Write-in" pledges unless all nonprofit information is provided. Nonprofit address and tax ID information can be found at www.guidestar.org or on the nonprofit's website.

NONPROFIT/IN/TAX ID	NONPROFIT NAME	GIFT AMOUNT	PAYMENT TYPE
<input type="text"/>		\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> One-time Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Recurring Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Check
<input type="checkbox"/> This is a write-in ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____	<input type="checkbox"/> One-time Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Recurring Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> One-time Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Recurring Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Check
<input type="checkbox"/> This is a write-in ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____	<input type="checkbox"/> One-time Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Recurring Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> One-time Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Recurring Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Check
<input type="checkbox"/> This is a write-in ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____	<input type="checkbox"/> One-time Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Recurring Payroll <input type="checkbox"/> Deduction <input type="checkbox"/> Check
Make checks payable to "America's Charities - Fiscal Agent" All check donations will be cashed in the current year. PLEASE RETURN THIS FORM, ALONG WITH ANY CHECK DONATIONS TO YOUR CAMPAIGN COORDINATOR. See the FAQs at https://ncb.americascharities.stratuslive.com for mailing address.		Total Sum of All Check Donations: \$ <input type="text"/> . <input type="text"/>	
All payroll deduction pledges designated above will begin with the first pay period of the next calendar year. (Deduction period Jan.-Dec. 2026)		Total Sum of All Payroll Deduction Pledged: \$ <input type="text"/> . <input type="text"/>	

AUTHORIZATION (Sign and date here to authorize pledge and payment method.)

Sign:

Date: / /