

# my pledge

2011 Campaign for 2012 Distribution

## BC LIQUOR DISTRIBUTION BRANCH

EMPLOYEE ID #: \_\_\_\_\_

ENTERED IN SYSTEM - DATE & OPERATOR

ENTERED IN ACCT - DATE & OPERATOR

PLEASE PRINT CLEARLY - ALL WHITE FIELDS ARE MANDATORY

LAST NAME

FIRST NAME

BCLS# or DEPT

AREA CODE/WORK PHONE

CITY

PECSF REGION #

MAILING ADDRESS (REQUIRED FOR TAX RECEIPT ISSUED IN FEBRUARY FOR ONE TIME CHEQUE/MONEY ORDER CONTRIBUTIONS)

MINISTRY

Public Safety & Solicitor General

BRANCH NAME

BC Liquor Distribution Branch

CANVASSER NAME

### making my donation

100% of my donation goes to charities in my community

#### BI-WEEKLY PAYROLL DEDUCTION

- PER PAY PERIOD commencing first pay in January 2012\*
- \$5.00
  - \$10.00
  - \$20.00
  - \$50.00
  - Other Amount  
Per pay deduction of \$ \_\_\_\_\_

#### ONE TIME PAYROLL DEDUCTION

- ONE TIME PAYROLL deducted first pay in January 2012\*
- \$ \_\_\_\_\_

AND  
OR

#### VACATION DONATION

- Number of hours \_\_\_\_\_
- (Minimum of one hour in full hour increments only)*

\* All payroll deductions are acknowledged on your 2012 T4

AND  
OR

#### ONE TIME DONATION

- CHEQUE OR MONEY ORDER\*\*  
(Payable to PECSF)
- (No CASH please)**

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

\*\* Tax receipt issued for the year of negotiation

### designating my donation

(select only one of the following two options)

1.  POOL OF FUND SUPPORTED CHARITIES

I would like my donation to support the charities in my region determined by the Regional Committee.

OR

2.  DONOR CHOICE CHARITIES

I would like my donation to support these specific charities. (Please refer to the regional list of approved charities at [www.communityfund.gov.bc.ca](http://www.communityfund.gov.bc.ca))

FS/DC CHARITY CODE	CHARITY NAME	ALL MUST SUM TO 100%
		%
		%
		%
		%
		%
		%

If a charity loses its Federal Registration status, any allocation to that charity will be redistributed equally among the other charities chosen by the donor OR redistributed to the regional "Fund Supported" pool of charities, if it was the only charity selected by the donor.



Where ideas work



Provincial Employees Community Services Fund  
PO Box 9564 Stn Prov Govt, Victoria BC V8W 9C5  
[www.communityfund.gov.bc.ca](http://www.communityfund.gov.bc.ca)

SIGNATURE

DATE SIGNED  
YYYY/MM/DD

PLEASE KEEP A COPY FOR YOUR RECORDS  
& RETURN THIS FORM  
to Provincial Employees Community Services Fund