

2009/2010 STATE EMPLOYEES' COMMUNITY CAMPAIGN



Form approved by State Board of Accounts — 2009

NAME: [Grid for name entry]

State Agency: [Grid for agency entry] Office Use: [Grid for office use entry]

1 Method of Payment (Check only one box)

Payroll Deduction Pledge. I hereby authorize my employer to deduct, each pay period, the amount indicated until changed by me in writing. Below is the amount I wish to have deducted and the charity(ies) to receive my contribution. Minimum payroll deduction is \$1.00 to each charity designated.

Cash or Check Contribution. I do not wish to have anything deducted from my payroll, but I would like to contribute to the campaign through a one-time donation. Below is the amount I wish to donate and the charity(ies) to receive my contribution. Attach cash or check. *Make checks payable to SECC.* Minimum \$5.00 per charity.

2 Choose Charity(ies) & Amount (You may contribute to any non-profit organization with a 501(c)3 ruling from the US Internal Revenue Service. You must choose at least one organization to receive your contribution.)

If you know the SECC code, enter it below with the amount.

Charity Code Amount

[Grid for Charity Code]	\$	[Grid for Amount]
[Grid for Charity Code]	\$	[Grid for Amount]
[Grid for Charity Code]	\$	[Grid for Amount]

If you do not know the SECC code, you must provide a name & address:

Charity Name (Required) _____

Address (Required) _____

City, State & ZIP Code (Required) _____

Amount: \$ [Grid for Amount]

Office use only [Grid for office use]

3 Acknowledgement If you check this box, your name and home address will be sent to the charity(ies) to which you contribute so that they may send you an acknowledgement. (Minimum that can be acknowledged is \$26 per charity.)

4 Contributor's signature: [Signature Line] **Date:** [Date Line]

• No goods or services have been provided in exchange for this gift.

SECC Fiscal Agent's Copy

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