

State Employee Charitable Campaign

Name — Prefix Last First MI

University

Mailing Address

College or Division

City / State / ZIP

Department

E-mail Address

Work Phone

ACKNOWLEDGEMENT:

Select ONLY ONE of the following options if you wish to receive acknowledgement for your gift. If you select both options, only option #2 will be given effect.

- I wish my gift (but not the amount) to be acknowledged by the charity(ies) I have designated. (HOME ADDRESS REQUIRED)
- I wish the amount of my gift to be acknowledged by the charity(ies) I have designated. By choosing this option, I understand the amount of my gift becomes public information. I expressly waive confidentiality and authorize the release of information indicating the amount of my gift. (HOME ADDRESS REQUIRED)

Home Address (REQUIRED) _____ City _____ Zip _____

HOW I WISH TO DISTRIBUTE MY GIFT ... minimum donation per charitable group is \$2:

DESIGNATED GIFTS: EACH CHARITY HAS A SIX-DIGIT CODE; the first two digits correspond to its charitable group. To designate one or more charities or federated groups that appear in the directory provided, fill in the charity or federation six-digit identification number(s) and dollar amount(s).

***** IMPORTANT: Make certain the total of the "GIFT AMOUNT" boxes equals the total in either the "TOTAL MONTHLY GIFT" or "TOTAL ONE-TIME GIFT" box (below). *****

228065 → \$3.00	035503 → \$3.00	085182 → \$3.00
Charity Code Gift Amount	Charity Code Gift Amount	Charity Code Gift Amount
222043 → \$3.00	→ \$	→ \$
Charity Code Gift Amount	Charity Code Gift Amount	Charity Code Gift Amount

PAYMENT OPTIONS ... please select one:

PAYROLL DEDUCTION (complete authorization below)

TOTAL MONTHLY GIFT (total all "gift amount" boxes above) \$12.00	X	PAY PERIODS PER YEAR: 09 <input checked="" type="checkbox"/> 12	=	TOTAL ANNUAL GIFT \$144
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AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize the monthly deduction from my after tax wages for a charitable contribution as indicated above. I understand that this authorization automatically expires with the November pay period of each year. I also understand that I may revoke this authorization at any time by giving my payroll office written notice. I have read and understood the "Distribution of Your Contribution" information on the back of this form.

123-45-6789 Social Security # _____ Employee Signature 05 OCT 08 Date

ONE-TIME GIFT (CASH or CHECK) ... attach; make check payable to State Employee Charitable Campaign.

TOTAL ONE-TIME GIFT
(total all "gift amount" boxes above)
\$ _____