2016/2017 STATE EMPLOYEES' COMMUNITY CAMPAIGN

SECC

NAME:

State Agency: Office Use:

Form approved by State Board of Accounts — 2016

❶ 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.

❷ 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 $.

Charity Code → Amount $.

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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: $.

Office use only

❸ 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.)

❹ Contributor's signature: Date:

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

SECC Fiscal Agent's Copy

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THANK YOU!

Contributor's Copy