



State Employees' Community Campaign Pledge Form for 2020-2021 Campaign

Employee Name _____

State Agency (i.e DOC - FSSA) _____

Division (i.e. Central Office - Division of Aging) _____

Office Use Only:
Date Rec'd _____
Env # _____
Deposit # _____
Deposit Date _____

1. Method of Pledge

Payroll Deduction Pledge: I hereby authorize my employer to deduct, each pay period, the amount indicated until changed by me in writing. **Minimum Deduction is \$1.00 per pay period (26 pay periods per year).**

One Time Contribution: I hereby contribute a one-time donation as specified below. **Minimum \$5.00 per charity, make checks payable to SECC.**

2. Choose Charity(s) and Amount: My contribution should be applied to the following 501 (c)(3) charity(s). I understand it is my obligation to verify through Guidestar (www.guidestar.org) that my designated charity(s) are a verified 501 (c)(3). If the charity(s) of my choice is/are not a verified 501 (c)(3) or should my designated charity close its doors, I authorize the SECC Fiscal Agent to allocate my contribution over all SECC verified active charities in the Fiscal Agent's system.

Book Number (listed in Search on SECC website)	Enter Yearly amount for each charity	If you do not know the charity code or it is not found in the SECC Database, you must provide a name, address and EIN (Tax ID number)	
	\$	Charity Name:	EIN #
		Charity Address:	
	\$	Charity Name:	EIN#
		Charity Address:	
	\$	Charity Name:	EIN#
		Charity Address:	
	\$	Charity Name:	EIN#
		Charity Address:	
	\$	Charity Name:	EIN#
		Charity Address:	

Total Yearly Amount of Pledge \$ _____ (Add up yearly amount for each charity)

3. Acknowledgements

I agree my name and address can be shared with the charity(s) I support

Home address for charity to send acknowledgement:
Street _____ City _____ State _____ ZIP _____

I agree that neither myself or family received goods or services in exchange for this gift.

Employee Signature: _____ Date: _____