State Employee Charitable Giving Campaign

All contributions are tax deductible.

Pledge online and/or donate with credit and debit cards and electronic checks at "Click & Give"

Employee ID | Last name | First name | MI

Preferred mailing address | City/State/Zip

Agency ID and name *(see brochure or website)* | Work unit

AUTOMATIC PAYROLL DEDUCTION

Enter the last four digits of your social security number: ___ ___ ___ ___

Enter the amount you will give each payday, and multiply by 24 to determine your annual contribution:

$ _____ . ___ x 24 pay days = $ _____ . ___

payroll deduction | annual contribution

I understand that this automatic payroll deduction will begin January 1,2024 , and end December 31,2024 , and may be revoked in writing at any time before it expires.

Your signature | Date

NOTIFICATION REQUEST

☐ Please share my name and mailing address with the organization(s) I designated in my gift.

– OR –

☐ I DO NOT want my name and mailing address released to the organization(s) I designated in my gift.

ONE-TIME PAYMENT:

☐ **CASH**

☐ **CHECK**

Make check payable to:
2023 SECGC

$

DESIGNATE YOUR CONTRIBUTION

CODE	ANNUAL AMOUNT
	$
	$
	$
	$
	$
	$

Please return your completed form to your department coordinator