State Employee | Charitable Giving Campaign

Employee ID	Last name	First name		MI	- All contribution are tax deductik	
Preferred mailing address		City/State/Zip			Pledge online and/or donate with credit and debit cards and electronic checks at "Click & Give"	
Agency ID and name (s	ee brochure or website)	Work unit			-	
AUTOMATIC	PAYROLL DEDUCTION	NOTIFICATION REQUEST			DESIGNATE YOUR CONTRIBUTION	
your social secur Enter the amoun multiply by 24 to \$	I understand that this automatic payroll deduction will begin January 1,2025 , and end December 31,2025 , and may be		 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. 		CODE	ANNUAL AMOUNT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
revoked in writing a	at any time before it expires.	ONE-TIME PAYMENT:	Make check payab 2024 SECG			\$ \$
Your signature	Date	CASH CHECK	\$			your completed form artment coordinator

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