

SECC AUTHORIZATION FORM

(Give online at SECCTEXASGIVING.ORG if your agency permits/participates)

CAMPAIGN AREA

ENTER LOCAL CAMPAIGN AREA NAME OR REGION #

CONTROL NO.

FOR OFFICE USE ONLY — ACCOUNT #

PREFIX

LAST NAME SUFFIX (Jr., Ph.D., etc.)

FIRST NAME M.I. WORK PHONE

WORK EMAIL ADDRESS

STATE AGENCY NAME & NUMBER

Together We Care



DEPT : UNIT # : FACILITY : LOCATION COUNTY SECC COORDINATOR'S NAME COORDINATOR'S PHONE #

PAYMENT OPTIONS ... select and complete one giving method:

ONE-TIME GIFT (attach cash, or check payable to STATE EMPLOYEE CHARITABLE CAMPAIGN — enter gift amount at right) TOTAL ONE-TIME GIFT (must match 3 group subtotals below, if designating) \$

PAYROLL DEDUCTION TOTAL MONTHLY GIFT (must match 3 group subtotals below, if designating) \$ x PAY PERIODS (per year) = TOTAL ANNUAL GIFT (Total Monthly Gift x 12 pay periods) \$

AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules (see back for details). I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

SIGNATURE (authorizing payroll deduction) DATE EMPLOYEE ID NUMBER

HOW I WISH TO DESIGNATE MY GIFT ... minimum donation per group is \$2.00 per pay period:

EACH CHARITY IS ASSIGNED A SIX-DIGIT CODE; the first two digits of each charity code corresponds to its charitable group (federation) code. **TO DESIGNATE:** Enter a current year six-digit code followed by a gift amount. **BY STATUTE:** You may designate to charities within (3) charitable groups, or designate up to (9) charities within a single charitable group. **THE TOTAL OF ALL DESIGNATED GIFT AMOUNTS (SUBTOTALS 1 + 2 + 3) must match either TOTAL ONE-TIME GIFT or TOTAL MONTHLY GIFT (in PAYMENT OPTIONS section).**

first two digits of all codes within this group must match

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITABLE GROUP (SUBTOTAL 1) \$

first two digits of all codes within this group must match

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITABLE GROUP (SUBTOTAL 2) \$

first two digits of all codes within this group must match

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITY or FEDERATION CODE CHARITABLE GIFT AMOUNT

CHARITABLE GROUP (SUBTOTAL 3) \$

RECOGNITION & ACKNOWLEDGEMENT

SELECT IF YOU WISH TO RECEIVE ACKNOWLEDGEMENT FROM YOUR CHARITY(TIES) & PUBLIC RECOGNITION FOR YOUR GIFT. OPTION NOT SELECTED = YOUR NAME & DONATION WILL BE CONFIDENTIAL.

MAILING ADDRESS

CITY STATE ZIP

PERSONAL EMAIL ADDRESS

