

# State Employee Charitable Giving Campaign



Employee ID \_\_\_\_\_ Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

All contributions are tax deductible.

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 (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, 2026, and end December 31, 2026, 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:  
2025 SECGC

\$ \_\_\_\_\_

## DESIGNATE YOUR CONTRIBUTION

CODE	ANNUAL AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please return your completed form to your department coordinator