

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

<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
CHARITABLE GROUP (SUBTOTAL 1)	\$	<input type="text"/>

first two digits of all codes within this group must match

<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
CHARITABLE GROUP (SUBTOTAL 2)	\$	<input type="text"/>

first two digits of all codes within this group must match

<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
<input type="text"/>	\$	<input type="text"/>
CHARITY or FEDERATION CODE		CHARITABLE GIFT AMOUNT
CHARITABLE GROUP (SUBTOTAL 3)	\$	<input type="text"/>

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

