NEW YORK STATE EMPLOYEE FEDERATED APPEAL PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION

NAME:

Emplyee ID #: AGENCY ZIP CODE:

FEDERATED FUND CODE:

MY CONTRIBUTION METHOD:

A. PAYROLL DEDUCTION

❑$20 ❑$15 ❑$10 ❑$5 ❑$3 ❑$1 Other:_____

X _____ = $_____

Pay Periods Per Year Annual Payroll Deduction

I hereby authorize the State Comptroller to deduct from each paycheck during the year 20 ____ the amount indicated above.

_____

Signature *Date*

B. CHECK (Make payable to SEFA and attach) $_____

C. TOTALCONTRIBUTION(Add A and B)

$_____
Total Gift

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

PART I: STATE AGENCY COPY

NAME:

STATE AGENCY CODE: AGENCY ZIP CODE:

DAYTIME PHONE #:

FEDERATED FUND CODE:

CONTRIBUTION METHOD AND AMOUNT:

A. PAYROLL DEDUCTION $_____

B. CHECK $_____

TOTAL CONTRIBUTION (Add A and B)

$_____
Total Gift

_____

Signature *Date*

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

Designated and Undesignated Gifts

To designate your gift to a SEFA charity, find the SEFA charity number in your local SEFA brochure and fill in below along with the total amount of your designation. To designate your gift to another community's SEFA campaign, see the back of this card for the 3-digit FED. FD.NO. and fill in below.

SEFA Charity #	Total $ Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

If you decide not to designate your gift to a specific charity, leave this box blank. Your contribution will be distributed by the local SEFA committee in accordance with state regulations.

PART II: SEFA HEADQUARTERS WHERE DO YOU WANT YOUR GIFT TO GO?

I authorize the release of my name, home address and amount of my gift to the organization(s) I have designated so they may send me a thank-you.

_____

Address City State Zip Code

NAME:_____

TOTAL CONTRIBUTION:

$_____
Total Gift

METHOD OF PAYMENT: ❑ Payroll Deduction ❑ Check

Designated and Undesignated Gifts

SEFA Charity #	Total $ Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

PART III: KEEP FOR YOUR RECORDS