CONNECTICUT STATE EMPLOYEES CAMPAIGN FOR CHARITABLE GIVING
c/o 30 Laurel Street, Hartford, CT 06106 | 860.493.6840 | employeegiving.ct.gov
Please complete and return to your agency coordinator or mail to the address above.

1  PLEASE PROVIDE INFORMATION IN THE SPACE BELOW:

MR/MRS/MS/DR  FIRST NAME  MI  LAST NAME

STATE AGENCY NAME  UNIT  EMPLOYEE ID NUMBER

PERSONAL EMAIL  WORK EMAIL

2  PLEASE CHOOSE TOTAL GIFT AMOUNT AND METHOD OF GIVING

☐ EASY PAYROLL DEDUCTION
I pledge the following whole dollar amount PER PAY PERIOD:
☐ $3  ☐ $5  ☐ $10  ☐ $15  ☐ $25  ☐ $50  ☐ Other whole dollar amount per pay period $_____

☐ CREDIT CARD (Home address and email required)

HOME ADDRESS

PERSONAL EMAIL

☐ ONE TIME $_____

☐ MONTHLY $_____

☐ QUARTERLY $_____

PROCESSED UPON RECEIPT BY CSEC

PER MONTH (STARTING JANUARY)

PER QUARTER (STARTING JANUARY)

☐ CHECK  ☐ CASH

Enclosed is my check payable to the CSEC

TOTAL $_____

CHECK #_____

3  CHARITY DESIGNATIONS:

You may ONLY designate to charities listed in the current year's directory. ☐ Please check here if you want to be acknowledged by the organization to which you have directed a gift.

$ ANNUAL TOTAL AMOUNT

CHARITY CODE #

$ ANNUAL TOTAL AMOUNT

CHARITY CODE #

$ ANNUAL TOTAL AMOUNT

CHARITY CODE #

$ ANNUAL TOTAL AMOUNT

CHARITY CODE #

$ ANNUAL TOTAL AMOUNT

CHARITY CODE #

$ ANNUAL TOTAL AMOUNT

CHARITY CODE #

$ ANNUAL TOTAL AMOUNT

CHARITY CODE #

$ ANNUAL TOTAL AMOUNT

4  YOUR SIGNATURE

X

YOUR SIGNATURE IS REQUIRED FOR PAYMENT  DATE
THANK YOU FOR YOUR GIFT!
No goods or services were provided in exchange for this contribution.

LEARN MORE AND GET INVOLVED!
Call us at 860.493.6840 or visit employeegiving.ct.gov
Facebook.com/CTEmployeeGiving

ABOUT YOUR GIFT
Please keep a copy of this form for your tax records. You will also need a copy of your paystub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. Your participation in this campaign is completely voluntary; coercive methods of solicitation are not sanctioned by the CSEC.

RECOGNITION CONTRIBUTION FORM

ACKNOWLEDGMENT
(Print or type all information)
I, ___________________________________________________________, am making a donation in memory of or in honor of:

PERSON'S NAME

☐ SEND ACKNOWLEDGMENT TO THE HONOREE  OR  ☐ TO THE FAMILY OF C/O

ADDRESS

IN THE AMOUNT OF $

(Checks, payable to CSEC, or a payroll deduction)

DONATION IS MADE TO THE FOLLOWING ORGANIZATION:

CODE # I WISH ☐ TO BE OR ☐ NOT TO BE NAMED ON THE CONFIRMATION MESSAGE TO THE INDIVIDUAL OF THIS DONATION.

MY NAME

AGENCY

EMPLOYEE ID NUMBER

AGENCY ADDRESS

EMAIL ADDRESS

WORK PHONE NUMBER

I understand that the enclosed check or my payroll deduction contribution will be sent to the organization I designated above and a letter will be sent to the individual that I am making the donation on behalf of to acknowledge my contribution.

EMPLOYEE SIGNATURE AND DATE

PARTICIPATING FEDERATIONS
America's Best Charities
America's Charities
Community Health Charities
Connecticut United Ways

EarthShare New England
Global Impact
Neighbor to Nation