

20 _____ CONNECTICUT STATE EMPLOYEES' CAMPAIGN FOR CHARITABLE GIVING

Employee Name: _____ State Agency Name: _____

EMPLOYEE NUMBER: _____ (Required)

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Please return your completed form through one of following options: Submit it to your agency's campaign coordinator; fax it to (860) 222-3175; or mail it to:

CSEC
35 Cold Spring Road, Suite 412
Rocky Hill, CT 06067

- Please fill in all boxes and circles completely using a pen or pencil.
- Write legibly and keep numbers within the appropriate lines.
- Your participation in this campaign is completely voluntary; coercive methods of solicitation are not sanctioned by the CSEC.
- You may put this card in a sealed envelope.

PREFERRED METHOD OF PAYMENT
For payroll deduction, please complete **Section A** and *sign your card*.
For one time gift, please complete **Section B** only.

D. Designations
You may **ONLY** designate to charities listed in the current year's Directory.

A. Easy Payroll Deduction...

I pledge the following **whole dollar amount PER PAY PERIOD**:

- | | |
|----------------------------|----------------------------|
| <input type="radio"/> \$3 | <input type="radio"/> \$5 |
| <input type="radio"/> \$10 | <input type="radio"/> \$15 |
| <input type="radio"/> \$25 | <input type="radio"/> \$50 |

Other **whole dollar amount** per pay period
(i.e.: \$1, \$2, \$4, etc.): \$ _____ .00

I hereby authorize the State Comptroller to withhold my charitable deduction listed above beginning at the start of the new year. **Minimum gift of \$1 per pay period** required for payroll deduction. The CSEC has not provided goods or services as whole or partial consideration for any contributions made by payroll deduction.

SIGNATURE _____ (Required to authorize payroll deduction.)

B. One Time Gift...

I am making a one time gift in the amount of \$ _____

Circle one: CASH -or- CHECK

Make checks payable to:

CONNECTICUT STATE EMPLOYEES' CAMPAIGN -or- CSEC

PLEASE MAKE A COPY OF THIS CARD FOR INCOME TAX PURPOSES

Enter below total gift amount of designations:

I. For Payroll Deductions:

ANNUAL AMOUNT = Payroll Deduction Pledge x 26 pay periods.

CONSTITUTIONAL OFFICERS = Payroll Deduction Pledge x 24 pay periods.

II. For One Time Gifts, enter total amount of gift.

Undesignated amounts will be disbursed into the Campaign's general fund.

Charity Designations:

(Whole dollar amounts only)

CHARITY CODE [][][][]	ANNUAL TOTAL AMOUNT \$ [][][][]
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C. Acknowledgment

- Please share my name, workplace address, and pledge amount with the charities to which I have designated.
- I do not wish to receive an acknowledgment from the charities to which I have designated my pledge.

I do not wish to give at this time.

RECOGNITION CONTRIBUTION FORM

(ACKNOWLEDGMENT ON REVERSE OF CARD)

(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 #: _____

Agency Address: _____

E-mail 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 Charities

Community Health Charities of New England

Connecticut United Ways

Earth Share New England

Global Impact

Greater Hartford Arts Council

Independent Charities of America

Neighbor To Nation

Partners for a Better World

CAMPAIGN WEB SITE: WWW.CSEC.CT.GOV