

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

MY TOTAL ANNUAL GIFT = \$

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 \$ _____

ANNUAL AMOUNT = Payroll Deduction Pledge x 26 pay periods.

CONSTITUTIONAL OFFICERS = Payroll Deduction Pledge x 24 pay periods.

CREDIT CARD (Home address and email required)

HOME ADDRESS _____

PERSONAL EMAIL _____

- ONE TIME** \$ _____ PROCESSED UPON RECEIPT BY CSEC
 MONTHLY \$ _____ PER MONTH (STARTING JANUARY)
 QUARTERLY \$ _____ PER QUARTER (STARTING JANUARY)

- VISA
 MC
 AMEX
 DISCOVER

CREDIT CARD NUMBER _____

EXP DATE _____

NAME ON CARD _____

PHONE _____

CHECK **OR** **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.

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](https://www.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

