

State Charitable Contributions Program 2015 Campaign



PLEDGE FORM INSTRUCTIONS STATE CHARITABLE CONTRIBUTIONS PROGRAM

Check for additional page only.

2014-15 PLEDGE FORM

Your pledge to SCCP charities will help our neighbors, our community and our world.

Complete the form below, sign it if required and return it to your campaign coordinator.

Thank you for your generosity!

FIRST NAME Jane	MIDDLE INITIAL C	LAST NAME Doe
STATE AGENCY/UNIVERSITY Department of Law		EMPLOYEE ID 00669966
Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - I want to remain anonymous	EMAIL jane.doe@law.ga.gov	
HOME ADDRESS (Optional) Required for acknowledgements if no email 123 Main Street	CITY Atlanta	STATE GA
		ZIP 30334

Complete this entire top section including employee ID (PeopleSoft)

Select from Payroll Deduction, Check or Cash donation.

MY SCCP PLEDGE

<input checked="" type="checkbox"/> PAYROLL DEDUCTION (Deductions begin Jan. 2015) \$ 2.00 per month by payroll deduction. (\$1 minimum) <small>REQUIRED FOR THE UNIVERSITY SYSTEM OF GA ONLY (NOT TECH COLLEGES)</small> I am paid: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly x10 <input type="checkbox"/> Monthly x12	<input type="checkbox"/> CHECK FOLLOW INSTRUCTIONS One-time payment made payable to GA SCCP. Complete "Designating Your Gift" below. Attach the signed check with your completed pledge form and return to your campaign coordinator.
Total Annual Amount \$ 24.00	Total Check Amount \$
<input type="checkbox"/> CASH	Total Cash Amount \$

Payroll requires monthly amount and total. USG completes the extra box.

Cash and check only select box and put total amount.

DESIGNATING YOUR GIFT Choose which charities to support.

To designate your gift, find the six digit charity number in the SCCP brochure or at www.doas.ga.gov/sccp. The minimum contribution is \$1 per paycheck per charity for payroll deduction or \$1 by check. Administrative costs for the 2013-14 campaign were 12%. Pledges left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and distributed among all eligible charities in the SCCP campaign.

CHARITY CODE	CHARITY NAME	TOTAL ANNUAL AMOUNT
192027	ALS Association of Georgia	\$ 20.00
300000	Campaign Undesignated	\$ 4.00
TOTAL DESIGNATED GIFT		\$ 24.00

To designate more than 6 charities, please use a second form and check the box on the top right corner of the additional page.

Designate what charities your donation will go to. Code, name and amount required. Subtotal and make sure it equals total annual amount.

OPTIONAL:

In Honor/Memorial Contribution Request	If you are making your contribution in honor or in memory of someone, complete this section. Select at least one charity with a six-digit code and a recipient. If you are making a contribution in honor or in memory of someone, designate to receive the acknowledgement.		
<input type="checkbox"/> In honor of <input type="checkbox"/> In memory of	Select one: DR/MR/MS/MRS	NAME	
Please send acknowledgements to:	Select one: DR/MR/MS/MRS	NAME	
ADDRESS	CITY		
CHARITY CODE	CHARITY NAME	AMOUNT	
		\$	
		\$	

OPTIONAL: If you want to do something in someone's memory. All info you include below will be in the tribute note.