

State Employees Charitable Campaign Pledge Card

Name	Employee Identification Number	Home Zip Code
State Agency	Email	

PAYROLL DEDUCTION CONTRIBUTION:

I choose payroll deduction (26 pay periods) of the following amount per pay period.

☐ \$ 25.00 ☐ \$ 20.00 ☐ \$ 15.00 ☐ \$ _____ - other payroll deduction amount ☐ **\$38.47 – Leadership Giver**
☐ \$10.00 ☐ \$5.00 ☐ \$2.00 ☐ \$ _____ - Super Giver (equals one hour of pay per pay period)

CASH or CHECK CONTRIBUTION:

I choose to make my onetime gift by: ☐ Check \$ _____ (amount) Check # _____
☐ Cash \$ _____ (amount)

*Any gift under \$1 per pay period must be given as a onetime cash or check donation

CREDIT CARD CONTRIBUTION:

I choose to make my onetime gift by: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex (\$25 minimum transaction required)

\$ _____ (amount) Account Number: _____ - _____ - _____ - _____ Exp. Date __ / __

Authorization Signature _____ Date _____

*Authorizing Credit Card Charge

Charity Selection (Maximum selection 10 charity selections)

Direct my contribution to: See SECC website <https://secc.az.gov/participating-charities>

SECC Code _____ Charity _____ Total annual amount _____

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☐ Undesignated ****SECC highly encourages a charity designation, if undesignated SECC Executive Committee will select the 1-2 beneficiaries at campaigns end**

☐ I am interested in being contacted to learn more about volunteer opportunities at my selected charity/charities.

By signing this form, I attest that the above payroll cash, check, or credit card donation was made by me for the stated charities.

Signature of Donor _____ Date _____ Phone _____

No goods and/or services were provided in connection with this donation.

State Employees
Charitable Campaign