



2008 State Charitable Contributions Program Pledge Form

_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Employee ID Number (for payroll deduction only)</i>
_____	_____	_____	
<i>Department</i>	<i>Division</i>	<i>Work Phone Number</i>	

PLEDGE TYPE		CHARITABLE ORGANIZATION DESIGNATIONS																																									
CASH / CHECK <i>(one time donation)</i>	PAYROLL DEDUCTION	SIX DIGIT CHARITY CODE		ANNUAL AMOUNT																																							
<div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">\$</div>	Amount (per pay) \$ <input style="width: 80px;" type="text"/> (Please consider an increase.) Pay Periods X 12 <hr style="width: 100%;"/> Annual Amount \$ <input style="width: 80px;" type="text"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td></tr> <tr><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td></tr> <tr><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td></tr> <tr><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td></tr> <tr><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td><td style="width: 15px; height: 20px;"> </td></tr> </table>																															<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;">\$</td><td style="width: 100px;"><input style="width: 95%;" type="text"/></td></tr> <tr><td style="width: 15px; height: 20px;">\$</td><td style="width: 100px;"><input style="width: 95%;" type="text"/></td></tr> <tr><td style="width: 15px; height: 20px;">\$</td><td style="width: 100px;"><input style="width: 95%;" type="text"/></td></tr> <tr><td style="width: 15px; height: 20px;"> </td><td style="width: 100px;"><input style="width: 95%;" type="text"/></td></tr> <tr><td style="width: 15px; height: 20px;">\$</td><td style="width: 100px;"><input style="width: 95%;" type="text"/></td></tr> </table>	\$	<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	\$	<input style="width: 95%;" type="text"/>
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I DO NOT WISH TO PARTICIPATE AT THIS TIME

DESIGNATED GIFTS: To designate one or more charitable organizations that appear on the back of this form, fill in the charitable organization identification number(s) and contribution amount.

Directions:

- Select the charity(ies) that you wish to benefit from your contribution by filling in the 6-digit code(s) in the box. Each box allows up to 6 designations. Only those charities listed in the brochure with 6-digit codes may be designated. **The minimum designation is \$1.00 per charity per month.** If you do not designate a charity, your contribution will be distributed among all eligible charities in the same proportions as the total designations in your area. Administrative costs for the 2007-2008 campaign were 6% of contributions.
- Enter the contribution amount in the box. **The minimum contribution is \$1.00 per month per charity payroll deduction or \$1.00 by check, money order or cash. Make checks payable to State Charities Fund.**
- Sign the form and return it to Yvonne B. Le Roy-Landers.

AUTHORIZATION: I hereby authorize any agency of the Valdosta State University, by which I may be employed during 2008-09, to deduct the amount(s) shown above from my pay each pay period during the calendar year 2008-09 starting with the first pay period in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the State Charitable Contributions Program shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

Designations to charitable organizations that have not been approved to participate in the SCCP will be considered undesignated.