

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



PRINT NAME NYS EMPLID
 AGENCY NAME DEPARTMENT ID
 AGENCY ADDRESS FCC CODE

CONTRIBUTION METHOD AND AMOUNT

A. CHOOSE NEW CHANGE DISCONTINUE

B. PAYROLL DEDUCTION \$30 \$20 \$15 \$10 \$5 \$2 Other: X **26** = \$
Pay Periods per year Annual Payroll Deduction

C. CHECK (Make payable to SEFA) \$

D. TOTAL CONTRIBUTION (Add B and C) \$

I hereby authorize the State Comptroller to deduct the amount designated above from each paycheck. This deduction shall remain effective until revoked or modified. I understand that I may revoke or modify this authorization at any time by providing a written request form to my agency payroll office.

 Signature Date

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION

PRINT NAME NYS EMPLID
 AGENCY NAME DEPARTMENT ID
 AGENCY ADDRESS DAYTIME PHONE #
 AGENCY ZIP CODE FCC CODE

CONTRIBUTION METHOD AND AMOUNT

A. CHOOSE NEW CHANGE DISCONTINUE

B. PAYROLL DEDUCTION \$

C. CHECK (Make payable to SEFA & attach) \$

D. TOTAL CONTRIBUTION (Add B and C) \$

DESIGNATING YOUR GIFT

To designate your gift, find the charity number (either 7 or 8 digits – ex. 999-00399) in the SEFA book or by going to www.sefanys.org. Write that charity number(s) and the **total** amount of your designation(s) in the appropriate boxes below. (**minimum \$26 per charity**).

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Optional: I authorize the release of my name, home mailing or personal email address and amount of my gift to the organization(s) I have designated so they may acknowledge my donation.

Home or Email Address
 City State: **NY** Zip Code

If you decide not to designate your gift to a specific charity, leave the above section blank. Your contribution will be distributed to all charities in your region that received designations.

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



NAME
 TOTAL CONTRIBUTION \$

DESIGNATING YOUR GIFT

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

METHOD OF PAYMENT Payroll Deduction Check Check #

For more information go to sefanys.org.

Your gift to SEFA charities will help your neighbors, your community and your world. Thank you for your generosity.

LIST OF SEFA CAMPAIGN AREAS

**SEFA Capital Region
FCC # 850**

Albany County
Delaware County
Fulton County
Greene County
Montgomery County
Otsego County
Rensselaer County
Saratoga County
Schenectady County
Schoharie County
Warren County
Washington County

**SEFA Long Island/
New York City - FCC # 851**

Bronx County
Kings County
Nassau County
New York County
Queens County
Richmond County
Suffolk County

**SEFA Broome/Chenango/
Tioga - FCC # 856**

Broome County
Chenango County
Tioga County

**SEFA Niagara Frontier
FCC # 857**

Allegany County
Cattaraugus County
Erie County
Niagara County

**SEFA Cortland
FCC # 860**

Cortland County

**SEFA Hudson Valley
FCC # 861**

Dutchess County
Orange County
Putnam County
Sullivan County
Ulster County
Westchester County

**SEFA Northern New York
FCC # 864**

Jefferson County
Lewis County
St. Lawrence County

**SEFA Greater Rochester
FCC # 866**

Genesee County
Livingston County
Monroe County
Ontario County
Orleans County
Steuben County
Wayne County
Wyoming County
Yates County

**SEFA Schuyler/Tompkins
FCC # 876**

Schuyler County
Tompkins County

**SEFA Adirondacks
FCC # 881**

Clinton County
Essex County
Franklin County
Hamilton County

**SEFA Rockland
FCC # 884**

Rockland County

**SEFA Chautauqua
FCC # 885**

Chautauqua County

**SEFA Central New York
FCC # 887**

Cayuga County
Herkimer County
Madison County
Oneida County
Onondaga County
Oswego County
Seneca County

PLEDGE CARD INSTRUCTIONS

Please complete all sections of this form. Refer to your pay stub for the following:

1. Department ID
2. NYS EEMPLID

Thomas P. DiNapoli State Comptroller		JOHN Q. PUBLIC		
Check #	35023362	Pay Start Date	04/19/2012	
Check Date	05/03/2012	Pay End Date	05/02/2012	
Department ID	70140	NYS EEMPLID	NO1234567	
On NYS Payroll Online, these numbers are in the top left corner.				
EARNINGS	Current		YTD	
	Hrs/Days	Earnings	Hrs/Days	Earnings
Regular Pay Salary Employee	1	486.30	2	3403.10

FCC Code – Refer to the list above for the three digit code. This is the local region where your work site is located.

Once you have signed and completed all sections of the form, submit parts one and two to your SEFA coordinator.

SEFA Charities do not provide goods or services in whole or in partial consideration for any contributions made to them via this pledge form. A copy of the latest annual report may be obtained, upon request from the Charities Bureau, 120 Broadway, 3rd Floor, New York, NY 10271; the Federated Community Campaign Manager serving each county, refer to sefanys.org for their address.

Your pledge to SEFA charities will help our neighbors, our community and our world. Thank you for your generosity.

For more information go to sefanys.org.