

DONOR CONTRIBUTION FORM



Please print the following information:

Last Name

State Agency

Employee ID

Mr. / Mrs. / Ms.

First Name

Work Location

Email Address

ANNUAL CONTRIBUTION: Fill in the blank showing the amount of your payroll deduction and the total of your annual contribution.

___ \$5	___ \$10	x 12 pay periods	=	\$ _____
___ \$15	___ \$20	x 26 pay periods		Total annual gift
___ \$25	___ \$ _____	(Please Circle)	OR	_____

Code	Annual Amount
_____	_____
_____	_____
_____	_____
_____	_____

ONE-TIME CONTRIBUTION: Fill in the blank showing the amount of your cash or check contribution and the total of your one-time contribution.

___ Cash ___ Check (payable to SCC) for a total of \$ _____

Specify the agency(ies) you wish to support using the code from the list provided. Indicate the portion of your total gift the organization should receive.

Your gift is tax deductible in the year paid. SCC agencies do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DONOR ACKNOWLEDGEMENT: At your request, SCC will notify the organizations you designated for your support.

___ Yes, I'd like to receive an acknowledgement from the agencies I've designated. Please release the following contact information:

Home Street Address

Release my email address Release my amount

___ No, I do not want to receive acknowledgement.

City, State, Zip

Donor Signature

Date

DONOR RECOGNITION:

___ As a leadership donor of \$180 or more, I would like to be recognized in the SCC Charity Guide.

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