

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



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

CONTRIBUTION METHOD AND AMOUNT

A. PAYROLL DEDUCTION \$30 \$20 \$15 \$10 \$5 \$2 Other: X **26** = \$
Pay Periods per year Annual Payroll Deduction
 B. CHECK (Make payable to SEFA) \$
 C. TOTAL CONTRIBUTION (Add A and B) \$

I hereby authorize the State Comptroller to deduct from each paycheck the amount designated above during the year 20.

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

Signature Date

Part I: State Agency Payroll

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. PAYROLL DEDUCTION \$
 B. CHECK (Make payable to SEFA & attach) \$
 C. TOTAL CONTRIBUTION (Add A and B) \$

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.

Part II: SEFA

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 #

Part III: Keep For Your Records

*For more information go to sefanys.org or call 518-782-SEFA.
 Your gift to SEFA charities will help your neighbors, your community and your world. Thank you for your generosity.*

LIST OF SEFA CAMPAIGN AREAS

AREA	FCC CODE	AREA	FCC CODE	AREA	FCC CODE
Albany County	850	Herkimer County	887	Rockland County	884
Allegany County	857	Jefferson County	864	St. Lawrence County	864
Broome County	860	Lewis County	864	Saratoga County	850
Cattaraugus County	857	Livingston County	866	Schenectady County	850
Cayuga County	887	Madison County	887	Schoharie County	850
Chautauqua County	885	Monroe County	866	Schuyler County	860
Chemung County	866	Montgomery County	850	Seneca County	887
Chenango County	860	Nassau County	851	Steuben County	866
Clinton County	881	New York City	851	Suffolk County	851
Columbia County	850	Niagara County	857	Sullivan County	861
Cortland County	860	Oneida County	887	Tioga County	860
Delaware County	850	Onondaga County	887	Tompkins County	860
Dutchess County	861	Ontario County	866	Ulster County	861
Erie County	857	Orange County	861	Warren County	850
Essex County	881	Orleans County	866	Washington County	850
Franklin County	881	Oswego County	887	Wayne County	866
Fulton County	850	Otsego County	850	Westchester County	861
Genesee County	866	Putnam County	861	Wyoming County	866
Greene County	850	Rensselaer County	850	Yates County	866
Hamilton County	881				

PLEDGE CARD INSTRUCTIONS

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

1. Department ID
2. NYS EMPLID

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 EMPLID	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 or call 518-782-SEFA.