



STATE CHARITABLE CONTRIBUTIONS PROGRAM 2016-17 PLEDGE FORM

☐ Check for additional page only.

*Your pledge to SCCP charities will help our neighbors, our community and our world.
Complete the form below, sign it if required and return it to your campaign coordinator.
Thank you for your generosity!*

FIRST NAME	MIDDLE INITIAL	LAST NAME	
STATE AGENCY/UNIVERSITY		EMPLOYEE ID	
Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? <input type="checkbox"/> Yes <input type="checkbox"/> No - I want to remain anonymous		EMAIL	
HOME ADDRESS (Optional) <i>Required for acknowledgements if no email</i>		CITY	STATE ZIP

MY SCCP PLEDGE *Choose how you want to give and what amount.*

PAYROLL DEDUCTION (Deductions are monthly beginning Jan. 2017)

\$ _____ per month by payroll deduction. (\$1 minimum)

CHECK

One-time payment made payable to GA SCCP.
Complete "Designating Your Gift" below.
Attach the signed check with your completed pledge form and return to your campaign coordinator.

Total Annual Amount \$
Signature Required for Payroll Deduction - I authorize the payroll deduction of the monthly amount indicated above beginning January 2017 and ending December 31, 2017.
X

Total Check Amount \$

CASH

Total Cash Amount \$

DESIGNATING YOUR GIFT *Choose which charities to support.*

To designate your gift, find the six digit charity number in the SCCP brochure or at www.gasccp.org. The minimum contribution is \$1 per paycheck per charity for payroll deduction or \$1 by check. Administrative costs for the 2015-16 campaign were 12%. Pledges left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and distributed among all eligible charities in the SCCP campaign.

CHARITY CODE	CHARITY NAME	TOTAL ANNUAL AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
To designate more than 6 charities, please use a second form and check the box on the top right corner of the additional page.		TOTAL DESIGNATED GIFT Should equal the Total Annual Amount or Total Check Amount listed above. \$

OPTIONAL:

In Honor/Memorial Contribution Request		If you are making your contribution in honor or in memory of someone, complete this section. Select at least one charity with a six-digit code and a recipient to receive the acknowledgement. Your name and address, the amount of your contribution, the person you are giving in honor/memory of and the name of the person you designate to receive the acknowledgement letter will be given to the designated charity.			
<i>In honor of</i>	<i>In memory of</i>	Select one: DR/MR/MS/MRS	NAME		
Please send acknowledgements to:		Select one: DR/MR/MS/MRS	NAME		
ADDRESS		CITY	STATE	ZIP	
CHARITY CODE	CHARITY NAME	AMOUNT			
		\$			
		\$			