



# 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.

<b>Total Annual Amount</b> \$
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

<b>Total Check Amount</b> \$
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**CASH**

<b>Total Cash Amount</b> \$
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### 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](http://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.		<b>TOTAL DESIGNATED GIFT</b> Should equal the Total Annual Amount or Total Check Amount listed above.
		\$

#### OPTIONAL:

<b>In Honor/Memorial Contribution Request</b>	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	
		\$	
		\$	