



PLEDGE FORM INSTRUCTIONS

The Campaign 2017-18 Employee Pledge Form

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 Jane	MIDDLE INITIAL C	LAST NAME Doe	Complete this entire top section including employee ID (PeopleSoft)		
STATE AGENCY/UNIVERSITY Department of Law		EMPLOYEE ID 00669966			
Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - I want to remain anonymous		EMAIL jane.doe@law.ga.gov			
HOME ADDRESS (Optional) Required for acknowledgements if no email 123 Main Street		CITY Atlanta	STATE GA	ZIP 30334	

Select from Payroll Deduction, Check or Cash donation.

MY SCCP PLEDGE

PAYROLL DEDUCTION (Deductions begin Jan. 2018)
\$ 2.00 per month by payroll deduction. (\$1 minimum)
REQUIRED FOR THE UNIVERSITY SYSTEM OF GA ONLY (NOT TECH COLLEGES)

I am paid: Biweekly Monthly x10 Monthly x12

CHECK FOLLOW INSTRUCTIONS
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 \$ 24.00

Signature Required of the monthly amount
December 31, 2018
X X

Total Check Amount \$

CASH

Total Cash Amount \$

Payroll requires monthly amount and total. USG completes the extra box.

Cash and check only select box and put total amount.

DESIGNATING YOUR GIFT Choose which charities to support.

To designate your gift, find the number in the SCCP brochure or at www.doas.ga.gov/sccp. The minimum contribution is \$1 per paycheck per charity for payroll deduction or \$1 by check. Please left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and distributed among all eligible charities in the SCCP campaign.

EIN	CHARITY NAME	charity EIN	TOTAL ANNUAL AMOUNT
	ALS Association of Georgia		\$ 20.00
	Campaign Undesignated		\$ 4.00
Designate what charities your donation will go to. Code, name and amount required. Subtotal and make sure it equals total annual amount.			

NEW: Ein should be listed from the directory.

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.
\$ 24.00

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 of your contribution, the person you designate to receive the acknowledgment.

In honor of In memory of

Please send acknowledgements to:

ADDRESS

CHARITY CODE

CHARITY NAME

AMOUNT

\$

\$

OPTIONAL: If you want to do something in someone's memory. All info you include below will be in the tribute note.