



# PLEDGE FORM INSTRUCTIONS

“Shaping Our Future Through Giving”  
 Georgia State Charitable Contributions Program  
 2018-19 Employee Pledge Form

Check for  
 Additional  
 page only

Your pledge to GASCCP charities will help our neighbors, our community and our world.  
 Complete the form below, sign it if required and return to your local campaign coordinator.

Thank you for your generosity!

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

**MY SCCP PLEDGE** Select from Payroll Deduction, Check or Cash donation.

<input checked="" type="checkbox"/> <b>PAYROLL DEDUCTION</b> (Deductions begin Jan. 2018.) 2.00 per month by payroll deduction. (\$1 minimum) *REQUIRED FOR THE UNIVERSITY SYSTEM OF GA ONLY (NOT TECH COLLEGE!) I am paid: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly x12 <input type="checkbox"/> Monthly x12	<input type="checkbox"/> <b>CHECK</b> 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.
<b>Total Annual Amount</b> \$ 24.00	<b>Total Check Amount</b> \$
Signature Required of the monthly amount by December 31, 2018 <input checked="" type="checkbox"/> X	<input type="checkbox"/> <b>CASH</b> <b>Total Cash Amount</b>

**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](http://www.doas.ga.gov/sccp). The minimum contribution is \$1 per paycheck per charity for payroll deduction or \$1 by check. Funds left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and distributed among all eligible charities in the SCCP category.

EIN	CHARITY NAME	charity EIN	TOTAL ANNUAL AMOUNT
	ALS Association of Georgia		20.00
	Campaign Undesignated		4.00
<b>NEW: Ein should be listed from the directory.</b> Designate what charities your donation will go to. Code, name and amount required. Subtotal and make sure it equals 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.	\$ 24.00

**OPTIONAL:**

<b>In Honor/Memoriam Contribution Request</b> <input type="checkbox"/> in honor of <input type="checkbox"/> in memory of	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 name. If you are making a contribution in honor or in memory of someone, the person you designate to receive the acknowledgement.
Please send acknowledgements to: ADDRESS CHARITY CODE CHARITY NAME AMOUNT	Select one: DA/NA/MS/WES NAME Select one: DA/NA/MS/WES NAME CITY \$ \$

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

Please direct any questions to [sccp@doas.ga.gov](mailto:sccp@doas.ga.gov)