

GEORGIA STATE CHARITABLE CONTRIBUTIONS PROGRAM 2018-19 CAMPAIGN MANAGER REPORT FORM

Please complete this form according to the instructions provided below. Thank you!

DATE					BATCH#				
STATE AGENCY/UNIVERSITY NAME					PAYROLL ADMINSTRATOR NAME				
CAMPAIGN MANAGER			EMAIL				PHONE		
Instructions For all paper pledge forms, tally each type under Paper Pledges. For events, tally under Fundraising Money. Total each									
Instructions For all paper pledge forms, tally each type under Paper Pledges. For events, tally under Fundraisir section, print and sign this form and scan all pledge forms to: Email: GASCCPpledgeforms@charities.org Fax: (703) 222-3867							ily under Fullura	ising woney. Total each	
	When emailing, be sure to include Agency name, Agency Number, and Batch number in subject. Include same on fa							ct . Include same on fax	
	cover sheet Limit batches to 50 pledge forms or less. Complete a new batch header with each submission.								
	All checks should be made payable to GA SCCP. Cash and checks must be remitted daily to your Finance Department. No cash or checks are to be kept in your personal possession.								
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Remember: # of Indi	•						<u>.</u>	ι.	
Paper Complete all pledge types this report. Enclose all red					pledges: If funds have been y submitted for this batch,		# of Individual	Total	
Pledges documents listed			•		please include the check number and		Contributors	Amount	
ricuges				amount below			Aillouit		
Payroll Deduction (Ensure pledge form			amount					\$	
and signed)			amount					Þ	
One-time Cash or (Pledge form enclosed,			hecks	ecks				\$	
Check payable to GA SCCP)									
Fundraising	Money Use this area to designate charities. (Optional)			te funds to	specific		\$		
CHARITY CODE CHA	RITY NAME		тот	AL AMOUN	Т				
						I			
Total Submitted in this Report							\$		
Campaign Manager Signature						Date			
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Please direct any questions to ga.sccp@doas.ga.gov or sccp@doas.ga.gov.