



STATE CHARITABLE CONTRIBUTIONS PROGRAM

2010-2011 Pledge Form

Instructions

1. If you would like to receive an email or written acknowledgement from your selected charities, mark 'Yes' after the appropriate question below and provide your email address or complete mailing address.
2. Choose your method of contribution and find the corresponding box in the lower half of the form (payroll deduction or one-time check).
3. Select the charity(ies) that you wish to benefit from your contribution by filling in the six-digit code(s) in the box. Only those charities listed in the brochure with 6-digit codes may be designated. Enter the contribution amount in the box. **The minimum contribution is \$1.00 per month per charity for payroll deduction or \$1.00 by check.** If you do not designate a charity, your contribution will be distributed among all eligible charities in the same proportions as the total designations. Administrative costs for the 2009-10 campaign were 10 % of contributions.
4. Sign the form and return it to your campaign coordinator.
5. If you have a disability and need this material in an alternative format, please notify the State Personnel Administration in advance of your need at 404-657-0577, or TDD Relay Service only: 1-800-255-0056 (Text Telephone) or 1-800-255-0135 (Voice).

Name _____ Employee Id _____

State Agency _____

Do you want your name, address, and email address given to your selected charity(ies) for the purpose of receiving an acknowledgement?

Yes No

Complete Mailing Address _____

Email Address _____

MEMORIAL CONTRIBUTION ACKNOWLEDGEMENT REQUEST

If you are making your contribution in memory of a family member or a friend, please complete this portion of the pledge form. You must designate your contribution to at least one charity listed in the brochure with a six-digit code and select a recipient to receive the acknowledgement letter in order to make a memorial contribution. Your name and address, the amount of your contribution, the person you are giving in memory of and the name of the person you designate to receive the acknowledgement letter will be given the charity(ies) you designate. Please print clearly with a ball point pen. I am making this contribution in memory of:

Mr./Mrs./Ms. _____ PERSON'S NAME

Please send acknowledgement to:

Mr./Mrs./Ms. _____ PERSON'S NAME

ADDRESS _____ CITY _____ STATE _____ ZIP _____

6-DIGIT CODE	AMOUNT	6-DIGIT CODE	AMOUNT	6-DIGIT CODE	AMOUNT
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Contribute by Payroll Deduction

I wish to contribute to the charities listed below a total of

\$ _____ PER MONTH BY PAYROLL DEDUCTION

165000	\$	Total Annual Amount
6-digit code	\$	Total Annual Amount
6-digit code	\$	Total Annual Amount
6-digit code	\$	Total Annual Amount
6-digit code	\$	Total Annual Amount
6-digit code	\$	Total Annual Amount
6-digit code	\$	Total Annual Amount

Contribute by Check

I wish to contribute to the charities listed below

a total of \$ _____ Now

165000	\$	<input type="checkbox"/> Check	One-time gift
6-digit code	\$	<input type="checkbox"/> Check	One-time gift
6-digit code	\$	<input type="checkbox"/> Check	One-time gift
6-digit code	\$	<input type="checkbox"/> Check	One-time gift
6-digit code	\$	<input type="checkbox"/> Check	One-time gift
6-digit code	\$	<input type="checkbox"/> Check	One-time gift
6-digit code	\$	<input type="checkbox"/> Check	One-time gift

I authorize my department to deduct the total amount indicated above each month beginning January 2011.

Make Checks Payable to State Charities Fund

X _____