

# CONNECTICUT STATE EMPLOYEES CAMPAIGN FOR CHARITABLE GIVING

c/o 30 Laurel Street, Hartford, CT 06106 | 860.493.6840 | employeegiving.ct.gov  
 Please complete and return to your agency coordinator or mail to the address above.



## 1 PLEASE PROVIDE INFORMATION IN THE SPACE BELOW:

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
STATE AGENCY NAME		UNIT	EMPLOYEE ID NUMBER
PERSONAL EMAIL		WORK EMAIL	

## 2 PLEASE CHOOSE TOTAL GIFT AMOUNT AND METHOD OF GIVING

MY TOTAL ANNUAL GIFT = \$

**EASY PAYROLL DEDUCTION**

I pledge the following whole dollar amount PER PAY PERIOD:

\$3  
  \$5  
  \$10  
  \$15  
  \$25  
  \$50  
  Other whole dollar amount per pay period \$

ANNUAL AMOUNT = Payroll Deduction Pledge x 26 pay periods.

CONSTITUTIONAL OFFICERS = Payroll Deduction Pledge x 24 pay periods.

**CREDIT CARD** (Home address and email required)

HOME ADDRESS

PERSONAL EMAIL

ONE TIME \$  PROCESSED UPON RECEIPT BY CSEC  
 MONTHLY \$  PER MONTH (STARTING JANUARY)  
 QUARTERLY \$  PER QUARTER (STARTING JANUARY)

VISA  
  MC  
  AMEX  
  DISCOVER

CREDIT CARD NUMBER  EXP DATE

NAME ON CARD  PHONE

**CHECK**   **OR**    **CASH**

Enclosed is my check payable to the CSEC   TOTAL \$    CHECK #

## 3 CHARITY DESIGNATIONS:

You may ONLY designate to charities listed in the current year's directory.  Please check here if you want to be acknowledged by the organization to which you have directed a gift.

CHARITY CODE # <input type="text"/>	\$ <input type="text"/>
	ANNUAL TOTAL AMOUNT
CHARITY CODE # <input type="text"/>	\$ <input type="text"/>
	ANNUAL TOTAL AMOUNT
CHARITY CODE # <input type="text"/>	\$ <input type="text"/>
	ANNUAL TOTAL AMOUNT
CHARITY CODE # <input type="text"/>	\$ <input type="text"/>
	ANNUAL TOTAL AMOUNT
CHARITY CODE # <input type="text"/>	\$ <input type="text"/>
	ANNUAL TOTAL AMOUNT
CHARITY CODE # <input type="text"/>	\$ <input type="text"/>
	ANNUAL TOTAL AMOUNT

## 4 YOUR SIGNATURE

**X**  DATE

YOUR SIGNATURE IS REQUIRED FOR PAYMENT

# THANK YOU FOR YOUR GIFT!

No goods or services were provided in exchange for this contribution.

## LEARN MORE AND GET INVOLVED!

Call us at 860.493.6840 or visit [employeegiving.ct.gov](http://employeegiving.ct.gov)

 [Facebook.com/CTEmployeeGiving](https://www.facebook.com/CTEmployeeGiving)

## ABOUT YOUR GIFT

Please keep a copy of this form for your tax records. You will also need a copy of your paystub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

Your participation in this campaign is completely voluntary; coercive methods of solicitation are not sanctioned by the CSEC.

### RECOGNITION CONTRIBUTION FORM

#### ACKNOWLEDGMENT

(Print or type all information)

I, \_\_\_\_\_, am making a donation in memory of or in honor of:

PERSON'S NAME \_\_\_\_\_

SEND ACKNOWLEDGMENT TO THE HONOREE **OR**  TO THE FAMILY OF C/O

ADDRESS \_\_\_\_\_

IN THE AMOUNT OF \$ \_\_\_\_\_

(Checks, payable to CSEC, or a payroll deduction)

#### DONATION IS MADE TO THE FOLLOWING ORGANIZATION:

CODE # \_\_\_\_\_ I WISH  TO BE OR  NOT TO BE NAMED ON THE CONFIRMATION MESSAGE TO THE INDIVIDUAL OF THIS DONATION.

MY NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

EMPLOYEE ID NUMBER \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

I understand that the enclosed check or my payroll deduction contribution will be sent to the organization I designated above and a letter will be sent to the individual that I am making the donation on behalf of to acknowledge my contribution.

EMPLOYEE SIGNATURE AND DATE \_\_\_\_\_

#### PARTICIPATING FEDERATIONS

America's Best Charities  
America's Charities  
Community Health Charities  
Connecticut United Ways

EarthShare New England  
Global Impact  
Neighbor to Nation

