

RECOGNITION CONTRIBUTION FORM

(ACKNOWLEDGMENT ON REVERSE OF CARD)

(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 #: _____

Agency Address: _____

E-mail 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

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PARTICIPATING FEDERATIONS

America's Charities

Community Health Charities

Connecticut United Ways

EarthShare New England

Global Impact

Independent Charities of America

Neighbor To Nation

CAMPAIGN WEB SITE: WWW.EMPLOYEEGIVING.CT.GOV/

FOR ONLINE GIVING: https://www.givingmatters365.org/_ctemployeeegiving/

FACEBOOK: <https://www.facebook.com/ctemployeeegiving>

20 _____ CONNECTICUT STATE EMPLOYEES' CAMPAIGN FOR CHARITABLE GIVING

Employee Name: _____

State Agency Name: _____

EMPLOYEE NUMBER:	<i>(REQUIRED)</i>						
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- Please fill in all boxes and circles completely using a pen or pencil.
- Write legibly and keep numbers within the appropriate lines.
- Your participation in this campaign is completely voluntary; coercive methods of solicitation are not sanctioned by the CSEC.
- You may put this card in a sealed envelope.

Thank you!

PREFERRED METHOD OF PAYMENT
 For payroll deduction, please complete **Section A** and *sign your card*.
 For one time gift, please complete **Section B** only.

D. Designations

You may **ONLY** designate to charities listed in the current year's Directory.

A. Easy Payroll Deduction...

I pledge the following **whole dollar amount PER PAY PERIOD**:

- | | |
|----------------------------|----------------------------|
| <input type="radio"/> \$3 | <input type="radio"/> \$5 |
| <input type="radio"/> \$10 | <input type="radio"/> \$15 |
| <input type="radio"/> \$25 | <input type="radio"/> \$50 |

Other **whole dollar amount** per pay period
 (i.e.: \$1, \$2, \$4, etc.): \$ _____ .00

I hereby authorize the State Comptroller to withhold my charitable deduction listed above beginning at the start of the new year. **Minimum gift of \$1 per pay period** required for payroll deduction. The CSEC has not provided goods or services as whole or partial consideration for any contributions made by payroll deduction.

SIGNATURE *(Required to authorize payroll deduction.)*

Enter below total gift amount of designations:

I. For Payroll Deductions:

ANNUAL AMOUNT = Payroll Deduction Pledge x 26 pay periods.

CONSTITUTIONAL OFFICERS = Payroll Deduction Pledge x 24 pay periods.

II. For One Time Gifts, enter total amount of gift.

Undesignated amounts will be disbursed into the Campaign's general fund.

Charity Designations:

(Whole dollar amounts only)

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B. One Time Gift...

I am making a one time gift in the amount of \$ _____

Circle one: **CASH -or- CHECK**

Make checks payable to:

CONNECTICUT STATE EMPLOYEES' CAMPAIGN -or- CSEC

PLEASE MAKE A COPY OF THIS CARD FOR INCOME TAX PURPOSES

C. Acknowledgment

- Please share my name, workplace address, and pledge amount with the charities to which I have designated.
- I do not wish to receive an acknowledgment from the charities to which I have designated my pledge.

I do not wish to give at this time.