

## SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



PRINT NAME  NYS EMPLID

AGENCY NAME  DEPARTMENT ID

AGENCY ADDRESS  FCC CODE

### CONTRIBUTION METHOD AND AMOUNT

A. CHOOSE ☐ NEW ☐ CHANGE ☐ DISCONTINUE

B. PAYROLL DEDUCTION ☐ \$30 ☐ \$20 ☐ \$15 ☐ \$10 ☐ \$5 ☐ \$2 ☐ Other

C. CHECK (Make payable to SEFA) \$

D. TOTAL CONTRIBUTION (Add B and C) \$

X 26 = \$   
# Pay Periods per year Annual Payroll Deduction

I hereby authorize the State Comptroller to deduct the amount designated above from each paycheck. This deduction shall remain effective until revoked or modified. I understand that I may revoke or modify this authorization at any time by providing a written request form to my agency payroll office.

Signature  Date

## SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION

PRINT NAME  NYS EMPLID

AGENCY NAME  DEPARTMENT ID

AGENCY ADDRESS  DAYTIME PHONE #

AGENCY ZIP CODE  FCC CODE

### CONTRIBUTION METHOD AND AMOUNT

A. CHOOSE ☐ NEW ☐ CHANGE ☐ DISCONTINUE

B. PAYROLL DEDUCTION \$

C. CHECK (Make payable to SEFA & attach) \$

D. TOTAL CONTRIBUTION (Add B and C) \$

**Optional:** I authorize the release of my name, home mailing or personal email address and amount of my gift to the organization(s) I have designated so they may acknowledge my donation.

Home or Email Address

City  State  Zip Code

### DESIGNATING YOUR GIFT

To designate your gift, find the charity number (either 7 or 8 digits – ex. 999-00399) in the SEFA book or by going to [www.sefanys.org](http://www.sefanys.org).

Write that charity number(s) and the **total** amount of your designation(s) in the appropriate boxes below. (**minimum \$26 per charity**).

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you decide not to designate your gift to a specific charity, leave the above section blank. Your contribution will be distributed to all charities in your region that received designations.

## SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



NAME

TOTAL CONTRIBUTION \$

METHOD OF PAYMENT ☐ Payroll Deduction ☐ Check Check #

### DESIGNATING YOUR GIFT

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

For more information go to [sefanys.org](http://sefanys.org).

Your gift to SEFA charities will help your neighbors, your community and your world. Thank you for your generosity.

## LIST OF SEFA CAMPAIGN AREAS

AREA	FCC CODE
Albany County	850
Allegany County	857
Broome County	856
Cattaraugus County	857
Cayuga County	887
Chautauqua County	885
Chemung County	866
Chenango County	856
Clinton County	881
Columbia County	850
Cortland County	860
Delaware County	850
Dutchess County	861
Erie County	857
Essex County	881
Franklin County	881
Fulton County	850
Genesee County	866
Greene County	850
Hamilton County	881

AREA	FCC CODE
Herkimer County	887
Jefferson County	864
Lewis County	864
Livingston County	866
Madison County	887
Monroe County	866
Montgomery County	850
Nassau County	851
New York City	851
Niagara County	857
Oneida County	887
Onondaga County	887
Ontario County	866
Orange County	861
Orleans County	866
Oswego County	887
Otsego County	850
Putnam County	861
Rensselaer County	850

AREA	FCC CODE
Rockland County	884
St. Lawrence County	864
Saratoga County	850
Schenectady County	850
Schoharie County	850
Schuyler County	860
Seneca County	887
Steuben County	866
Suffolk County	851
Sullivan County	861
Tioga County	856
Tompkins County	860
Ulster County	861
Warren County	850
Washington County	850
Wayne County	866
Westchester County	861
Wyoming County	866
Yates County	866

## PLEDGE CARD INSTRUCTIONS

Please complete all sections of this form. Refer to your pay stub for the following:

1. Department ID
2. NYS EMPLID

Thomas P. DiNapoli State Comptroller		JOHN Q. PUBLIC	
Check #	35023362	Pay Start Date	04/19/2012
Check Date	05/03/2012	Pay End Date	05/02/2012
Department ID	70140	NYS EMPLID	NO1234567
On NYS Payroll Online, these numbers are in the top left corner.			
Current		YTD	
EARNINGS	Hrs/Days	Earnings	Hrs/Days
Regular Pay Salary Employee	486.30	3403.10	

1
2

FCC Code – Refer to the list above for the three digit code. This is the local region where your work site is located.

Once you have signed and completed all sections of the form, submit parts one and two to your SEFA coordinator.

SEFA Charities do not provide goods or services in whole or in partial consideration for any contributions made to them via this pledge form. A copy of the latest annual report may be obtained, upon request from the Charities Bureau, 120 Broadway, 3<sup>rd</sup> Floor, New York, NY 10271; the Federated Community Campaign Manager serving each county, refer to sefany.org for their address.

**Your pledge to SEFA charities will help our neighbors, our community and our world. Thank you for your generosity.**

For more information go to sefany.org.