



STATE CHARITABLE CONTRIBUTIONS PROGRAM

2014-15 PLEDGE FORM

Check for
additional
page only.

*Your pledge to SCCP charities will help our neighbors, our community and our world.
Complete the form below, sign it if required and return it to your campaign coordinator.*

Thank you for your generosity!

FIRST NAME	MIDDLE INITIAL	LAST NAME		
STATE AGENCY/UNIVERSITY		EMPLOYEE ID		
Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? Yes No - I want to remain anonymous		EMAIL		
HOME ADDRESS (Optional) <i>Required for acknowledgements if no email</i>		CITY	STATE	ZIP

MY SCCP PLEDGE *Choose how you want to give and what amount.*

PAYROLL DEDUCTION (Deductions begin Jan. 2015)

\$ _____ per month by payroll deduction. (\$1 minimum)

REQUIRED FOR THE UNIVERSITY SYSTEM OF GA ONLY (NOT TECH COLLEGES)

I am paid: **Biweekly** **Monthly x10** **Monthly x12**
Pledge deductions are twice monthly

Total Annual Amount \$

Signature Required for Payroll Deduction - I authorize the payroll deduction of the monthly amount indicated above beginning January 2015 and ending December 31, 2015.

X

CHECK

One-time payment made payable to GA SCCP.
Complete "Designating Your Gift" below.
Attach the signed check with your completed pledge form and return to your campaign coordinator.

Total Check Amount \$

CASH

Total Cash Amount \$

DESIGNATING YOUR GIFT *Choose which charities to support.*

To designate your gift, find the six digit charity number in the SCCP brochure or at www.doas.ga.gov/sccp. The minimum contribution is \$1 per paycheck per charity for payroll deduction or \$1 by check. Administrative costs for the 2013-14 campaign were 12%. Pledges left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and distributed among all eligible charities in the SCCP campaign.

CHARITY CODE	CHARITY NAME	TOTAL ANNUAL AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
To designate more than 6 charities, please use a second form and check the box on the top right corner of the additional page.		TOTAL DESIGNATED GIFT Should equal the Total Annual Amount or Total Check Amount listed above.
		\$

OPTIONAL:

In Honor/Memorial Contribution Request		If you are making your contribution in honor or in memory of someone, complete this section. Select at least one charity with a six-digit code and a recipient to receive the acknowledgement. Your name and address, the amount of your contribution, the person you are giving in honor/memory of and the name of the person you designate to receive the acknowledgement letter will be given to the designated charity.		
<i>In honor of</i>	<i>In memory of</i>	Select one: DR/MR/MS/MRS	NAME	
Please send acknowledgements to:		Select one: DR/MR/MS/MRS	NAME	
ADDRESS		CITY	STATE	ZIP
CHARITY CODE	CHARITY NAME	AMOUNT		
		\$		
		\$		

Please direct any questions to sccp@doas.ga.gov.