

Sample of Laser Pledge Form

NEW YORK STATE EMPLOYEE FEDERATED APPEAL PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION

NAME: _____

SOC. SEC. #: _____

AGENCY ZIP CODE: _____

FEDERATED FUND CODE: _____

MY CONTRIBUTION METHOD:



A. PAYROLL DEDUCTION

\$20 \$15 \$10 \$5 \$3 \$1 Other: _____

X _____ = \$ _____
 # Pay Periods Per Year Annual Payroll Deduction

I hereby authorize the State Comptroller to deduct from each paycheck during the year 20____ the amount indicated above.

 Signature Date

B. CHECK (Make payable to SEFA and attach) \$ _____

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

C. TOTAL CONTRIBUTION (Add A and B) \$ _____
Total Gift

NAME: _____

STATE AGENCY CODE: _____

AGENCY ZIP CODE: _____

DAYTIME PHONE #: _____

FEDERATED FUND CODE: _____



CONTRIBUTION METHOD AND AMOUNT:

A. PAYROLL DEDUCTION \$ _____

B. CHECK \$ _____

C. TOTAL CONTRIBUTION (Add A and B) \$ _____
Total Gift

Designated and Undesignated Gifts
 To designate your gift to a SEFA charity, find the SEFA charity number in your local SEFA brochure and fill in below along with the total amount of your designation. To designate your gift to another community's SEFA campaign, see the back of this card for the 3-digit FED. FD.NO. and fill in below.

SEFA Charity #	Total \$ Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If you decide not to designate your gift to a specific charity, leave this box blank. Your contribution will be distributed by the local SEFA committee in accordance with state regulations.

 Signature Date

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

I authorize the release of my name, home address and amount of my gift to the organization(s) I have designated so they may send me a thank-you.

 Address City State Zip Code

NAME: _____

TOTAL CONTRIBUTION: \$ _____
Total Gift

METHOD OF PAYMENT: Payroll Deduction Check

Designated and Undesignated Gifts

SEFA Charity #	Total \$ Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



PART I: STATE AGENCY COPY

PART II: SEFA HEADQUARTERS WHERE DO YOU WANT YOUR GIFT TO GO?

PART III: KEEP FOR YOUR RECORDS