Campaign Year 2017

## **State Employees' Charitable Campaign Pledge Form**



Last Name	First Name	Middle Initial	Employee ID Number (for payroll deduction only)
Department	Division/DDS Code		Work Phone Number
PLEDGE TYPE		CHARITABLE ORGANIZATION DESIGNATIONS	
CASH / CHECK (one time donation)	PAYROLL DEDUCTION	FIVE DIGIT CHAR CODE	ITY ANNUAL AMOUNT AND CHARITY NAME
\$ Make checks payable to SECC	Amount (Per Pay)  Pay Periods X 26  Annual		\$
charitable organization identity the current year to participate **SECC organizations do no		charitable organization identification the current year to participate.  **SECC organizations do not provous contribution made to the organization of the organization	tate to one or more approved charitable organizations, fill in the on number(s) and contribution amount. Charities must be approved in dide goods or services in whole or in partial consideration for any ion via this pledge form.  UTHORIZATION: I hereby authorize any agency of the rate of Delaware, by which I may be employed during 018, to deduct the amount(s) shown above from my pay ich pay period during the calendar year 2018 starting with the first pay period in January and ending with the last pay period that begins in December, and to pay the amounts so reducted to the State Employees' Charitable Campaign from above. I understand that this authorization may be woked by me in writing at any time before it expires.
MY HOME E-MAIL ADDRESS IS:		SI	GNATURE DATE
			esignations to charitable organizations that are not approved to participate in the SECC will be considered undesignated.