



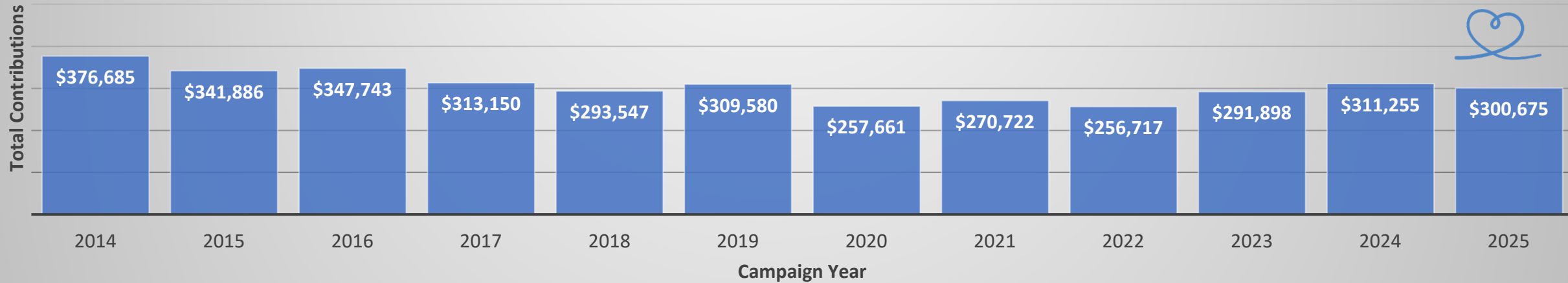
SECC Agency Chair & Captain Training

Chair & Captain Training Overview

- Campaign Background
- Past Campaign Contributions
- Roles & Responsibilities
- Employee Participation
- Reporting Paper Pledge Donations
- Employee Pledges
- Safeguarding Donations
- Special Events & Fundraising Activities
- Promoting the Campaign
- Resources for Chairs & Captains



Past Campaign Contributions



Past Campaign Contributions

2025 Total Campaign Contributions: \$300,676
Variance: -\$10,580
Between Campaign Years 2024 and 2025

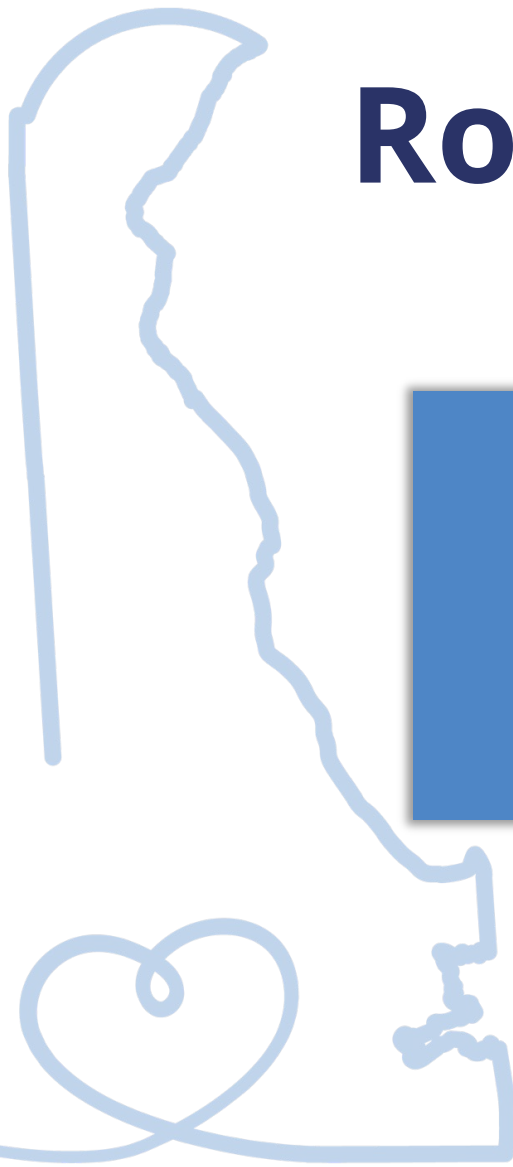
**2025 Employee &
Pensioner Pledges:**
\$205,174.55
Variance: -\$16,506

**2025 # of Employees &
Pensioners: 55,509**
Variance: +1,977
2025 Participation: 864
Variance: -156

2025 Special Events:
\$95,501
Variance: +\$5,926

2026 SECC GOAL

\$300,000



Roles & Responsibilities

SECC
Steering
Committee

Campaign
Administrator
United Way of Delaware

SECC
Coordinator

Roles & Responsibilities of Chairs & Captains

- Promote the campaign
- Assist employees with pledges
- Report donations

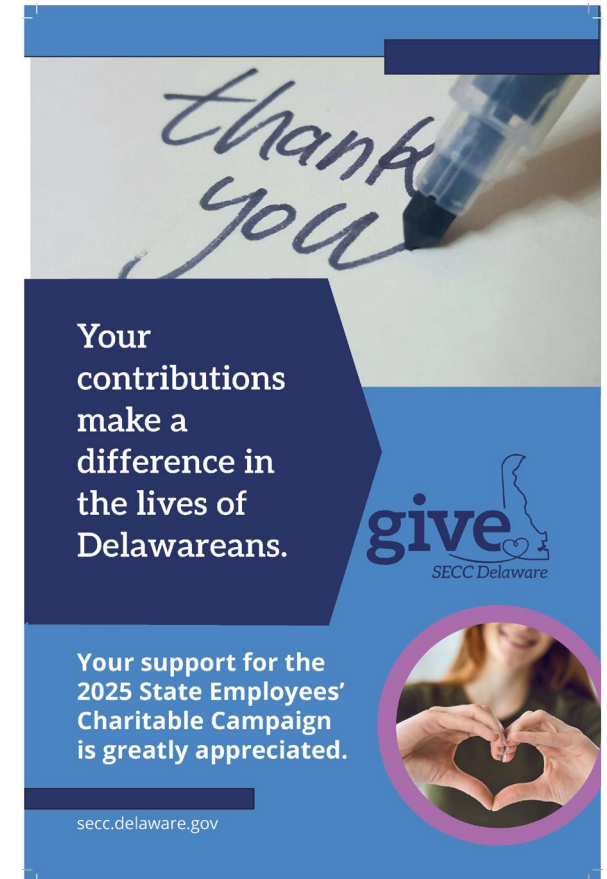


Employee Participation

- Pledging
- Volunteering
- Connecting with charities



Front



Back

Employee Pledges - ePledge

- Online donation portal
- Access through SECC website
- Safe & convenient
- Payroll deduction, one-time debit/credit card donation, and debit/credit card payment for special events
- Same Self Service login email and password on my.delaware.gov
- Pledge confirmation emailed to Donors
- No paperwork for Chairs & Captains
- Weekly ePledge reports emailed to Chairs

Employee Pledges

Paper Pledge

- Payroll deduction
- Chairs & Captains are responsible for assisting employee with pledge forms
- One-time cash or check donations
- Available as a fillable PDF on SECC website
- Contact SECC Coordinator for 4-part paper pledge form



Paper Pledges

Payroll Deduction Donation

Campaign Year
20XX

State Employees' Charitable Campaign Pledge Form



<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>		<i>Employee ID Number (for payroll deduction only)</i>	
<i>Department</i>		<i>Division/DDS Code</i>		<i>Work Phone Number</i>			
PLEDGE TYPE				CHARITABLE ORGANIZATION DESIGNATIONS			
CASH / CHECK <i>(one time donation)</i>		PAYROLL DEDUCTION		FIVE DIGIT CHARITY CODE		ANNUAL AMOUNT AND CHARITY NAME	
<i>Make checks payable to SECC</i>		Amount (Per Pay) \$ Pay Periods X 26 Annual Amount \$					

☐

I DO NOT WISH TO PARTICIPATE AT THIS TIME.

DESIGNATED GIFTS: To designate to one or more **approved** charitable organizations, fill in the charitable organization identification number(s) and contribution amount. Charities must be approved in the current year to participate.

SECC organizations do not provide goods or services in whole or in partial consideration for any contribution made to the organization via this pledge form.

DONOR ACKNOWLEDGMENT AUTHORIZATION		AUTHORIZATION: I hereby authorize any agency of the State of Delaware, by which I may be employed during 20XX, to deduct the amount(s) shown above from my pay each pay period during the calendar year 20XX starting with the first pay period in January and ending with the last pay period that begins in December 20XX, and to pay the amounts so deducted to the State Employees' Charitable Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.	
☐ I DO NOT want my name, address or e-mail address released to charities.		SIGNATURE _____ DATE	
☐ Release my name, address and/or e-mail address to the charity(ies) I designated. MY HOME ADDRESS IS: (My name will not be released unless a home or e-mail address is provided.) STREET: CITY: STATE: ZIP CODE: MY HOME E-MAIL ADDRESS IS:		Designations to charitable organizations that are not approved to participate in the SECC will be considered undesignated.	

Note To Chairs: Please distribute a copy of this form to (1) The Donor (2) Your Records (3) Your Payroll Office (4) United Way

Paper Pledges

One-time Donation (Cash or Check)

Campaign Year
20XX

State Employees' Charitable Campaign Pledge Form



 <i>Last Name</i>		 <i>First Name</i>	 <i>Middle Initial</i>	 <i>Employee ID Number</i> <i>(for payroll deduction only)</i>
 <i>Department</i>		 <i>Division/DDS Code</i>		 <i>Work Phone Number</i>
PLEDGE TYPE		CHARITABLE ORGANIZATION DESIGNATIONS		
CASH / CHECK <i>(one time donation)</i>	PAYROLL DEDUCTION	FIVE DIGIT CHARITY CODE	ANNUAL AMOUNT AND CHARITY NAME	
\$ <i>Make checks payable to SECC</i>	Amount (Per Pay) \$ Pay Periods ☒ 26 Annual Amount \$		\$	
			\$	
			\$	
			\$	
			\$	

DESIGNATED GIFTS: To designate to one or more **approved** charitable organizations, fill in the charitable organization identification number(s) and contribution amount. Charities must be approved in the current year to participate.

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I DO NOT WISH TO PARTICIPATE AT THIS TIME.

DONOR ACKNOWLEDGMENT AUTHORIZATION

☐ I DO NOT want my name, address or e-mail address released to charities.

☐ Release my name, address and/or e-mail address to the charity(ies) I designated.

MY HOME ADDRESS IS: (My name will not be released unless a home or e-mail address is provided.)

STREET:

CITY: STATE: ZIP CODE:

MY HOME E-MAIL ADDRESS IS:

AUTHORIZATION: I hereby authorize any agency of the State of Delaware, by which I may be employed during 20XX, to deduct the amount(s) shown above from my pay each pay period during the calendar year 20XX starting with the first pay period in January and ending with the last pay period that begins in December 20XX, and to pay the amounts so deducted to the State Employees' Charitable Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE DATE

Designations to charitable organizations that are not approved to participate in the SECC will be considered undesignated.

Note To Chairs: Please distribute a copy of this form to (1) The Donor (2) Your Records (3) Your Payroll Office (4) United Way

Paper Pledges

Make copies for:

- 1.The Donor
- 2.Your Records
- 3.Your Payroll Office
- 4.United Way

Campaign Year 20XX		State Employees' Charitable Campaign Pledge Form			
<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>	
<i>Department</i>		<i>Division/DDS Code</i>		<i>Employee ID Number (for payroll deduction only)</i>	
<i>Work Phone Number</i>					
PLEDGE TYPE			CHARITABLE ORGANIZATION DESIGNATIONS		
CASH / CHECK <i>(one time donation)</i>		PAYROLL DEDUCTION		FIVE DIGIT CHARITY CODE	
\$ <i>Make checks payable to SECC</i>		Amount (Per Pay) \$			

Paper Pledges

Do Not Wish to Participate

Campaign Year
20XX

State Employees' Charitable Campaign Pledge Form



 <i>Last Name</i>		 <i>First Name</i>		 <i>Middle Initial</i>	 <i>Employee ID Number (for payroll deduction only)</i>
 <i>Department</i>		 <i>Division/DDS Code</i>		 <i>Work Phone Number</i>	
PLEDGE TYPE				CHARITABLE ORGANIZATION DESIGNATIONS	
CASH / CHECK <i>(one time donation)</i>		PAYROLL DEDUCTION		FIVE DIGIT CHARITY CODE	ANNUAL AMOUNT AND CHARITY NAME
\$ <i>Make checks payable to SECC</i>		Amount (Per Pay) \$			\$
		Pay Periods X 26			\$
		Annual Amount \$			\$
					\$
					\$

DESIGNATED GIFTS: To designate to one or more **approved** charitable organizations, fill in the charitable organization identification number(s) and contribution amount. Charities must be approved in the current year to participate.

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☐	Release my name, address and/or e-mail address to the charity(ies) I designated. MY HOME ADDRESS IS: (My name will not be released unless a home or e-mail address is provided.) STREET: CITY: STATE: ZIP CODE: MY HOME E-MAIL ADDRESS IS:	

Note To Chairs: Please distribute a copy of this form to (1) The Donor (2) Your Records (3) Your Payroll Office (4) United Way



State Employees' Charitable Campaign

PLEDGE FORM
REPORT ENVELOPE

(Maximum 15 Forms Per Envelope)

FOR CAMPAIGN ADMINISTRATORS
USE ONLY

Pick Up/Drop Off: ____/____/20XX

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

Department: Example: Department of Human Resources

DDS (Department-Division-Section) Code: Capitan's 6 Digit DDS Code

Address: Agency / Department Address City/Zip Agency / Department City / Zip

Name of Captain: Name of Captain Phone Number: Captain's phone number

Email of Captain: captain@example.com

Please complete for **ENCLOSED paper pledges ONLY**. Do not include ePledge donations or special events.

Pledge Summary	# of Donors	Total Contributions	Payment Enclosed in this Envelope
Payroll Deduction	1	\$ 100.00	N/A
Cash/Check Pledges <i>Submit all checks & cash with report envelope</i>	2	\$ 50.00	\$ 50.00
Total in Envelope <i>Enter Column Totals</i>	3	\$ 150.00	\$ 150.00

By signing below, I am affirming the validity of this envelope face and content.
NOTE: The envelope must be SEALED. Two (2) signatures are required below.

Chair or designee: Signature of Chair or Designee Date: ____/____/20XX

Captain or designee: Signature of Captain Date: ____/____/20XX

IMPORTANT REMINDER

A United Way representative will collect ALL SECC donations. To schedule a pick-up, contact

Deborah Armstrong at darmstrong@uwde.org

Before donations can be collected, Chairs must email a copy of this signed form to secc@delaware.gov.

KEEP A COPY FOR YOUR RECORDS

Reporting

Paper Pledge Donations



State Employees' Charitable Campaign

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USE ONLY

Pick Up/Drop Off: ____/____/20XX

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

Department: Example: Department of Human Resources

DDS (Department-Division-Section) Code: Captain's 6 Digit DDS Code

Address: Agency / Department Address City/Zip Agency / Department City / Zip

Name of Captain: Name of Captain Phone Number: Captain's phone number

Email of Captain: captain@example.com

Please complete for **ENCLOSED paper pledges ONLY**. Do not include ePledge donations or special events.

Pledge Summary	# of Donors	Total Contributions	Payment Enclosed in this Envelope
Payroll Deduction	1	\$ 100.00	N/A
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Reporting

Paper Pledge Donations



State Employees' Charitable Campaign

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USE ONLY

Pick Up/Drop Off: ____/____/20XX

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

Department: Example: Department of Human Resources

DDS (Department-Division-Section) Code: Captain's 6 Digit DDS Code

Address: Agency / Department Address City/Zip Agency / Department City / Zip

Name of Captain: Name of Captain Phone Number: Captain's phone number

Email of Captain: captain@example.com

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Reporting

Paper Pledge Donations



State Employees' Charitable Campaign

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Pick Up/Drop Off: ____/____/20XX

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

Department: Example: Department of Human Resources

DDS (Department-Division-Section) Code: Captain's 6 Digit DDS Code

Address: Agency / Department Address City/Zip Agency / Department City / Zip

Name of Captain: Name of Captain Phone Number: Captain's phone number

Email of Captain: captain@example.com

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Reporting

Paper Pledge Donations



State Employees' Charitable Campaign

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Pick Up/Drop Off: ____/____/20XX

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UWD Andar Number: _____

Reporting Paper Pledge Donations

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Department: Example: Department of Human Resources

DDS (Department-Division-Section) Code: Capitan's 6 Digit DDS Code

Address: Agency / Department Address City/Zip Agency / Department City / Zip

Name of Captain: Name of Captain Phone Number: Captain's phone number

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KEEP A COPY FOR YOUR RECORDS

REMEMBER:

Keep a copy
for your records.

Safeguarding Donations



Special Events & Fundraising Activities



Special Events & Fundraising Activities

Online Cashless Payment for Special Events!

Contact the SECC Coordinator to create an event in ePledge for credit card payments for your event.

Payments can be made by using the SECC tile under the employee's my.Delaware.gov dashboard

Promoting the Campaign

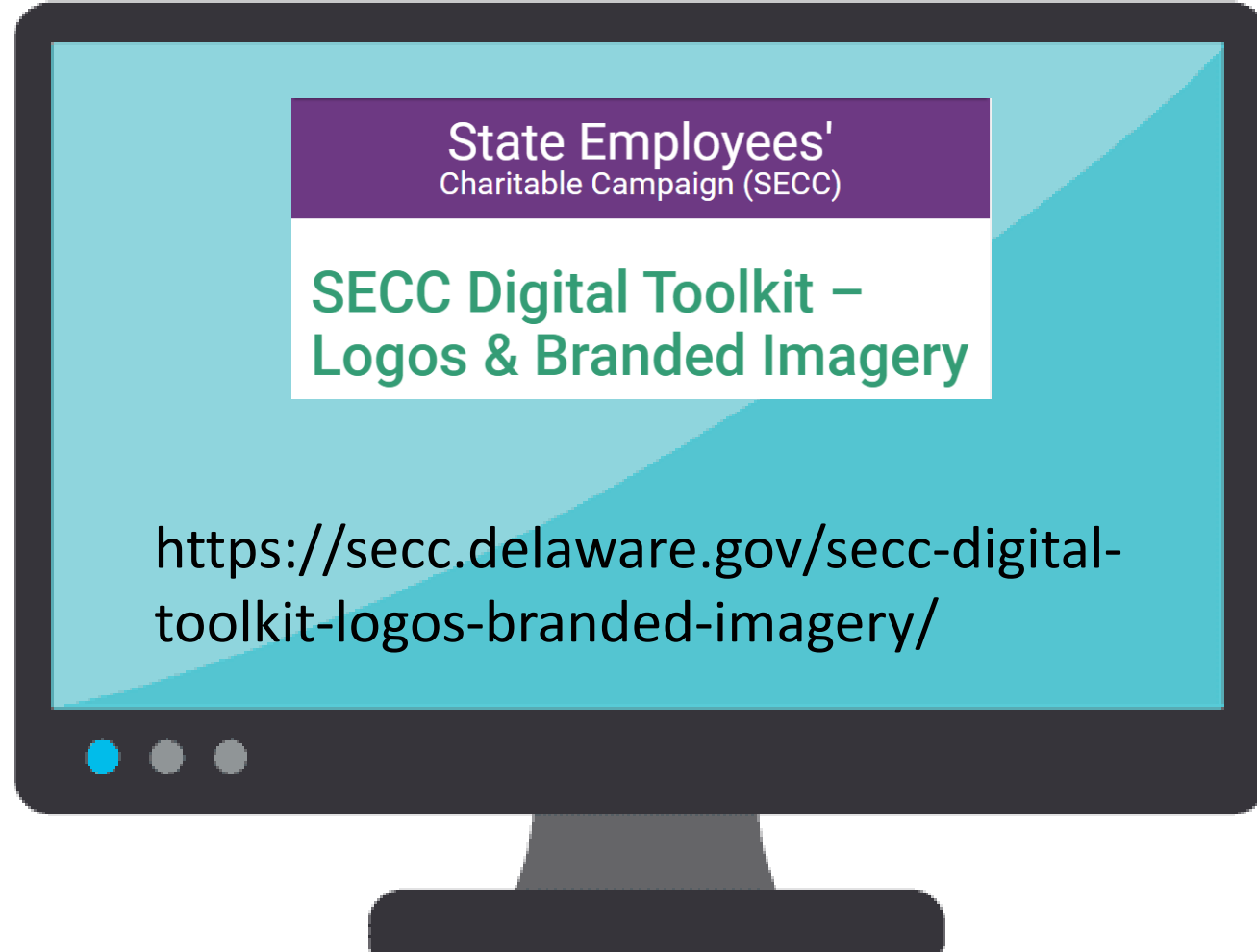
CHARITY INFORMATION

- If available, share promotional information about charities
- Schedule in person or virtual meetings with charities

ASK THE SECC COORDINATOR
FOR MORE INFORMATION



Promoting the Campaign



Resources for Chairs & Captains

visit
secc.delaware.gov

If you have questions or need assistance, contact the SECC Coordinator.

Anna Davis

SECC@Delaware.gov

841 Silver Lake Boulevard, Suite 201

Dover DE, 19904





Thank you!