

SEFA ePledge Tutorial

https://www.givingnexus.org/_nyssefa/

Home Page

Register or Login

Previous users may login with the credentials from a previous year. You can recover your credentials by clicking "recover my username/password" button under "Existing Donors Login Here."

If interested in viewing the results of the SEFA campaign, click the "View Campaign Totals" link.

Click "Contact Us Here" to contact us.

New in 2018. "Volunteer Opportunity Request"





NOTICE - A Copy of the latest financial report filed with the Department of Law, may be obtained by writing to: NYS Department of Law, Charities Bureau 120 Broadway, 3rd Floor New York, New York 10271

Thanks for your contribution.

MESSAGE FROM SEFA - NEW YORK STATE EMPLOYEES FEDERATED APPEAL



Please be sure to enter your Employee ID Number.

Employees paid by OSC, your State ID numbers start with "N0" (N zero) and seven numbers. This needs to be used when pledging.

Your name and contact information will be released to the charity(ies) of your choice only with your

*NOTE - If you plan on using a personal check, you will need to submit it to your campaign manager with a pledge card. SEFA pledge card, or get one from your campaign manager.

New people will need to register.

First, select your workplace. Read the descriptions carefully to ensure you choose the correct location and agency code you get paid under.

Previous users will be able to login with their existing username and password or recover them. REGISTER FOR SEFA - NEW YORK STATE EMPLOYEES FEDERATED APPEAL SELECT YOUR DIVISION BELOW SEARCH DIVISION BY KEYWORD, NAME, ADDRESS, ETC search by keyword reset **Deferred Compensation Board** SHOW _ Department of Agriculture & Mkts SHOW **Department of Civil Service** HIDE Albany - Department of Civil Service - 8000 - ID:3251 850 - Capital Region campaign area, Albany - Map - Department of Civil Service - 8020 - ID:3251 850 - Capital Region campaign area, Albany - Test Admin - Department of Civil Service - 8060 - ID:3251 850 - Capital Region campaign area, Brooklyn - Department of Civil Service - 8000 - ID:160903 851 - NYC campaign area. Buffalo - Department of Civil Service - 8000 857 - Niagara Frontier campaign area, Hauppauge - Department of Civil Service - 8000 865 - Long Island campaign area, New York City - Manhattan - Department of Civil Service - 8000 - ID:160903 current COMPLETE YOUR REGISTRATION ALL FIELDS ARE REQUIRED pending login with my username/password recover my username/password

Critical! Before moving forward, confirm your "Division" is correct. Have chosen the correct work location?

Continue to complete the form with your personal data to finish the registration steps. Be sure to enter all fields.

REGISTER FOR SEFA - NEW YORK STATE EMPLOYEES FEDERATED APPEAL

SELECT YOUR DIVISION BELOW

YOU SELECTED: DEPARTMENT OF CIVIL SERVICE / ALBANY - DEPARTMENT OF CIVIL SERVICE - 8000 - ID:3251

COMPLETE YOUR REGIST	RATION	ALL FIELDS ARE REQUIRED
TITLE Ms. FIRST NAME Diana EMAIL CON dsmith@demo.com USERNAME/LOGIN case sensitive DSmith	VIE INITIAL LAST NAME L Smith FIRM EMAIL dsmith@demo.com PASSWORD CONFIRM PASSWORD case sensitive / min 6 characters password password password confir click here to complete your registration	75 M
		current
login with my username/password	recover	my username/password

change

completed

MAKE A PLEDGE

Make a Pledge

HAVING PROBLEMS WITH THE PLEDGE FORM?

Currently we are only able to accept payroll contributions.



Click "Go To Next Step" after every step completed.

YOUR	CURREN	T PROFILE I	INFORMATION	

YOUR NAME YOUR SUBDIVISION Ms. Diana Smith EDIT MY PROFILE 850 - Capital Rec

Albany - Department of Civil Service 8000 850 - Capital Region campaign area





Select the number of pay periods and enter the amount **per pay period****. The "Total Annual Gift" is automatically filled . Click "Go To Next Step."

SELECT A PLEDGE TYPE CURRENT PLEDGE TYPE Payroll Contribution PLEASE SELECT A PAYROLL PERIOD One Pay Period (x1 Pay Period) Thirteen Pay Periods (x13 pay periods) Bi-Weekly Payroll (x26 pay periods) AMOUNT PER PAY PERIOD 2 s .00 Whole numbers only, decimals are not allowed. Example: 9, 19, 29, 39, 99 etc. TOTAL ANNUAL GIFT \$52 (amount equals the amount per pay period x pay be allocated among the charities you select.) The minimum total pledge amount is \$26.00

GO TO NEXT STEP

****New in 2018.** There is a \$26 minimum per year pledge. This was done to reduce processing costs.

Enter your NYS Employee Identification Number. OSC employees identification numbers are N0&7 numbers. For most, numbers are located on your paystub. THIS INFORMATION IS VERY IMPORTANT.



Work Phone" is required. It will only be used if there is a question regarding the donors ID number, or another question regarding the pledge. Click "Go To Next Step."

ADDITIONAL INFOR	RMATION	CURRENT
Employee ID Number		
N01234567	Be sure to enter your correct Employee Identification # Required for Payroll Deduction.	
WORK PHONE		
518-782-7332		
format: 123-456-7890 ext 1234		
GO TO PREV STEP		GO TO NEXT STEP
RELEASE OF INFO	RMATION OPTIONS	PENDING
CHARITY SELECTIC	UN AND ALLOCATION	PENDING
DIGITAL SIGNATUR	RE AND COMMENTS	PENDING

Select the "Release of Information Options" of your choice. Click "Go To Next Step."



If you have chosen to release your information, an address and email form will open up. Complete the proper contact information.

Note: For an acknowledgment, you must provide either a personal home address and/or personal email. Due to Rules and Regulations, work email or work physical addresses may be removed and you may not receive the acknowledgment you requested.

RELEASE OF INFORMATION OPTIONS

RELEASE OF INFORMATION TO CHARITIES

If requesting an acknowledgment, please use a personal email and/or home address and not a work one. Due to Rules and Regulations, work email or physical addresses may be removed and you may not receive the acknowledgment you requested.

YES - release information I provide to charities.

O NO - I do not want to release any information to charities.

I authorize the campaign to release my name and the corresponding information entered below to my designated charities: YOU MUST COMPLETE AT LEAST ONE OF THE OUTLINED BOXES BELOW.

ADDRESS I	
1 Front Street	
do not include unit/apt# here	
ADDRESS II	
suite #, apt #, unit #, etc CITY	
Albany	
STATE	
NY (New York)	
ZIP	
12205	
dsmith@demo.com	
(lower case letters only)	
volunteer Opportunity Request	
CO TO PREV STER	CO TO NEXT STEP
COTOTAL STEP	GO TO NEXT STEP

CURRENT

Make your designation choices, if any, here.**

You can use the "Search Mode" to enter keywords.



You may also opt to *not* designate all or some of your donation by using the "Add Undesignated" option.

****New for 2018.** There is minimum of \$26 per charity designation. This was done to reduce processing costs.

Using the "Search Mode" you will pick from the search results from your keyword.



After you have added the charity choice(s), scroll to the bottom of the page.

Designate how much you want to go to each charity**. It calculates how much you have designated and shows a remaining balance. You have to designate 100% in order to "Go To Next Step"

****New for 2018.** There is minimum of \$26 per charity designation. This was done to reduce processing costs.

CHARITY SELECTION AND ALLOCATION

Your "Remaining Balance" must be \$0, so you will need to add the "Undesignated" if you do not wish to designate all of your money.

CURRENT

Add your digital signature using your mouse or other input device to do so. Do not worry about the neatness of the signature. Click "Complete this Pledge."

DIGITAL SIGNATU	RE AND COMMENTS	CURRENT
	ROLL DEDUCTION AUTHORIZATION eby authorize my employer to withhold from my salary the amount as indicated. K AND HOLD THE MOUSE DOWN TO SIGN WITHIN THE GRAY BOX BELOW E SURE TO RELEASE THE MOUSE BUTTON WHILE IN THE GRAY BOX	
	EAR BIGNATURE SHOW ME HOW TO SIGN THIS PLEDGE USING MY MOUSE	
	DIPAR Smith	
COM	MENTS (OPTIONAL)	
	Comments accepted here.	
DISC No g card	CLOSURES goods or services were provided in whole or partial consideration for any contributions made to the organizations via this pledge	
GO TO PREV STEP	СОМЕ	PLETE THIS PLEDGE

Your pledge has been successfully submitted and you will receive an email confirmation. Now click "Click Here to Proceed."

Consider sharing with your State employee friends/colleagues on Facebook or Twitter! Click the "Share..." button below! You can ask them to support the charities close to your heart, or just ask them to consider donating through SEFA!

CLICK HERE TO SHARE YOUR LAST PLEDGE! ON FACEBOOK OR TWITTER click to open a preview

To view your pledge, click on MY PLEDGES in the menu above or click here.

2018 STATE EMPLOYEES FEDERATED APPEAL

WE are SEFA

State Employees Federated Appeal. WE are SEFA. state Employees Federated Appeal. WE are SEFA. www.sefanys.org

I donated through payroll deduction to my favorite charities, why don't you!?

Humane Farm Animal Care HumaneCNY

Donate at the SEFA - New York State Employees Federated Appeal homepage!

DO NOT SHARE THE CHARITY NAMES

SHARE THIS PLEDGE!

