

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



PRINT NAME NYS EMPLID
 AGENCY NAME DEPARTMENT ID
 AGENCY ADDRESS FCC CODE

CONTRIBUTION METHOD AND AMOUNT

A. PAYROLL DEDUCTION \$30 \$20 \$15 \$10 \$5 \$2 Other: X **26** = \$
Pay Periods per year Annual Payroll Deduction
 B. CHECK (Make payable to SEFA) \$
 C. TOTAL CONTRIBUTION (Add A and B) \$

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

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

Signature Date

Part I: State Agency Payroll

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION

PRINT NAME NYS EMPLID
 AGENCY NAME DEPARTMENT ID
 AGENCY ADDRESS DAYTIME PHONE #
 AGENCY ZIP CODE FCC CODE

CONTRIBUTION METHOD AND AMOUNT

A. PAYROLL DEDUCTION \$
 B. CHECK (Make payable to SEFA & attach) \$
 C. TOTAL CONTRIBUTION (Add A and B) \$

DESIGNATING YOUR GIFT

To designate your gift, find the charity number (either 7 or 8 digits – ex. 999-00399) in the SEFA book or by going to www.sefanys.org. Write that charity number(s) and the **total** amount of your designation(s) in the appropriate boxes below. (**minimum \$26 per charity**).

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Optional: I authorize the release of my name, home mailing or personal email address and amount of my gift to the organization(s) I have designated so they may acknowledge my donation.

Home or Email Address
 City State: NY Zip Code

If you decide not to designate your gift to a specific charity, leave the above section blank. Your contribution will be distributed to all charities in your region that received designations.

Total Designated:

Part II: SEFA

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



NAME
 TOTAL CONTRIBUTION \$

DESIGNATING YOUR GIFT

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

METHOD OF PAYMENT Payroll Deduction Check Check #

Part III: Keep For Your Records

*For more information go to sefanys.org or call 518-782-SEFA.
 Your gift to SEFA charities will help your neighbors, your community and your world. Thank you for your generosity.*