

**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 2020.

I understand I may revoke or modify this amount 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](http://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 #

*For more information go to [sefanys.org](http://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.*

Part III: Keep For Your Records

## LIST OF SEFA CAMPAIGN AREAS

AREA	FCC CODE	AREA	FCC CODE	AREA	FCC CODE	AREA	FCC CODE
Albany County	850	Herkimer County	872	Rockland County	884	Albany	850
Allegany County	883	Jefferson County	864	St. Lawrence County	878	Binghamton	856
Broome County	856	Lewis County	864	Saratoga County	850	Buffalo	857
Cattaraugus County	857	Livingston County	866	Schenectady County	850	Elmira	874
Cayuga County	887	Madison County	872	Schoharie County	850	New York	851
Chautauqua County	885	Monroe County	866	Schuyler County	876	Rochester	866
Chemung County	874	Montgomery County	850	Seneca County	887	Schenectady	850
Chenango County	856	Nassau County	865	Steuben County	877	Syracuse	887
Clinton County	881	New York City	851	Suffolk County	865	Utica	872
Columbia County	850	Niagara County	857	Sullivan County	880	Watertown	864
Cortland County	860	Oneida County	872	Tioga County	856		
Delaware County	894	Onondaga County	887	Tompkins County	876		
Dutchess County	861	Ontario County	866	Ulster County	880		
Erie County	857	Orange County	882	Warren County	850		
Essex County	881	Orleans County	866	Washington County	850		
Franklin County	881	<b>Oswego County</b>	<b>887</b>	Wayne County	866		
Fulton County	850	Otsego County	894	Westchester County	873		
Genesee County	866	Putnam County	873	Wyoming County	866		
Greene County	850	Rensselaer County	850	Yates County	877		
Hamilton County	881						

## PLEDGE CARD INSTRUCTIONS

Please complete all sections of this form. Refer to your pay stub for the following:

1. Department ID
2. NYS EMPLID

Thomas P. DiNapoli State Comptroller		JOHN Q. PUBLIC			
Check #	35023362	Pay Start Date	05/16/2019		
Check Date	06/26/2019	Pay End Date	05/22/2019		
Department ID	<b>28230</b>	NYS EMPLID	<b>NO1234567</b>		
<small>On NYS Payroll Online, these numbers are in the top left corner.</small>					
EARNINGS	Current		YTD		
	Hrs/Days	Earnings	Hrs/Days	Earnings	
Regular Pay Salary Employee	<b>1</b>	486.30	<b>2</b>	3403.10	

FCC Code – Refer to the list above for the three digit code. This is the local region where your work site is located.

Once you have signed and completed all sections of the form, submit parts one and two to your SEFA coordinator.

SEFA Charities do not provide goods or services in whole or in partial consideration for any contributions made to them via this pledge form. A copy of the latest annual report may be obtained, upon request from the Charities Bureau, 120 Broadway, 3<sup>rd</sup> Floor, New York, NY 10271; the Federated Community Campaign Manager serving each county, refer to sefanys.org for their address.

**Your pledge to SEFA charities will help our neighbors, our community and our world. Thank you for your generosity.**

For more information go to sefanys.org or call 518-782-SEFA.