

HIGHER EDUCATION VERSION
SECC AUTHORIZATION FORM
 (Give online at SECCTEXASGIVING.ORG if your agency permits/participates)

CAMPAIGN AREA

CONTROL NO.

PREFIX

ENTER LOCAL CAMPAIGN AREA NAME OR REGION #

FOR OFFICE USE ONLY — ACCOUNT #

LAST NAME

SUFFIX (Jr., Ph.D., etc.)

FIRST NAME

M.I.

WORK PHONE

WORK EMAIL ADDRESS

UNIVERSITY

COLLEGE OR DIVISION

DEPARTMENT

SECC COORDINATOR'S NAME

COORDINATOR'S PHONE #



PAYMENT OPTIONS ... select and complete one giving method:

ONE-TIME GIFT (attach cash, or check payable to STATE EMPLOYEE CHARITABLE CAMPAIGN — enter gift amount at right)

 TOTAL ONE-TIME GIFT
 (must match 3 group subtotals below, if designating)
 \$

PAYROLL DEDUCTION

 TOTAL MONTHLY GIFT
 (must match 3 group subtotals below, if designating)
 \$

 x 9 12 =

 TOTAL ANNUAL GIFT
 (Total Monthly Gift x Pay Periods)
 \$

AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules (see back for details). I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

SIGNATURE (authorizing payroll deduction)

 DATE

 EMPLOYEE ID NUMBER

HOW I WISH TO DESIGNATE MY GIFT ... minimum donation per group is \$2.00 per pay period:

EACH CHARITY IS ASSIGNED A SIX-DIGIT CODE; the first two digits of each charity code corresponds to its charitable group (federation) code. **TO DESIGNATE:** Enter a current year six-digit code followed by a gift amount. **BY STATUTE:** You may designate to charities within (3) charitable groups, or designate up to (6) charities within a single charitable group. **THE TOTAL OF ALL DESIGNATED GIFT AMOUNTS (SUBTOTALS 1 + 2 + 3) must match either TOTAL ONE-TIME GIFT or TOTAL MONTHLY GIFT (in PAYMENT OPTIONS section).**

<p><i>first two digits of all codes within this group must match</i></p> <p> <input type="text"/> CHARITY or FEDERATION CODE </p> <p> <input type="text"/> CHARITABLE GIFT AMOUNT </p> <p> <input type="text"/> CHARITY or FEDERATION CODE </p> <p> <input type="text"/> CHARITABLE GIFT AMOUNT </p> <p> CHARITABLE GROUP (SUBTOTAL 1) </p>	<p><i>first two digits of all codes within this group must match</i></p> <p> <input type="text"/> CHARITY or FEDERATION CODE </p> <p> <input type="text"/> CHARITABLE GIFT AMOUNT </p> <p> <input type="text"/> CHARITY or FEDERATION CODE </p> <p> <input type="text"/> CHARITABLE GIFT AMOUNT </p> <p> CHARITABLE GROUP (SUBTOTAL 2) </p>	<p><i>first two digits of all codes within this group must match</i></p> <p> <input type="text"/> CHARITY or FEDERATION CODE </p> <p> <input type="text"/> CHARITABLE GIFT AMOUNT </p> <p> <input type="text"/> CHARITY or FEDERATION CODE </p> <p> <input type="text"/> CHARITABLE GIFT AMOUNT </p> <p> CHARITABLE GROUP (SUBTOTAL 3) </p>
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RECOGNITION & ACKNOWLEDGEMENT

SELECT IF YOU WISH TO RECEIVE ACKNOWLEDGEMENT FROM YOUR CHARITY(TIES) & PUBLIC RECOGNITION FOR YOUR GIFT. OPTION NOT SELECTED = YOUR NAME & DONATION WILL BE CONFIDENTIAL.

MAILING ADDRESS

CITY

STATE

ZIP

PERSONAL EMAIL ADDRESS

