

**State Charitable Contributions Program**

**2012-13 Pledge Form**

**Instructions**

1. Choose your method of contribution and find the corresponding box in the lower half of the form (payroll deduction or one-time check). Other

options are available online at **www.team.ga.gov.**

1. Select the charity(ies) that you wish to benefit from your contribution by filling in the six-digit code(s) in the box. Please refer to

<http://doas.ga.gov/sccp> for a list of participating charities. Enter the contribution amount in the box. **The minimum contribution is $1.00 per**

**month per charity for payroll deduction or $1.00 by check.** If you do not designate a charity, your contribution will be distributed among all

eligible charities in the same proportions as the total designations. Administrative costs for the 2011-12 campaign were **12** % of contributions.

1. Sign the form and return it to your campaign coordinator.

## Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Id \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

***State Agency/University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Do you want your contact information given to your selected charity(ies) for the purpose of receiving an acknowledgement? □Yes □ No

***Complete Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**IN HONOR OF / MEMORIAL CONTRIBUTION ACKNOWLEDGEMENT REQUEST**

If you are making your contribution in honor of or memory of a family member or friend, please complete this portion of the pledge form. Select at least one charity with a six-digit code and a recipient to receive the acknowledgement letter in order to make a honor of / memorial contribution. Your name and address, the amount of your contribution, the person you are giving in honor of / memory of and the name of the person you designate to receive the acknowledgement letter will be given the charity(ies) you designate. Please print clearly with a ball point pen. I am making this contribution IN HONOR OF \_\_\_\_\_\_ IN MEMORY OF \_\_\_\_\_\_:

Mr./Mrs./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON'S NAME

Please send acknowledgement to:

Mr./Mrs./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON'S NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

6-DIGIT CODE AMOUNT 6-DIGIT CODE AMOUNT 6-DIGIT CODE AMOUNT

**CONTRIBUTE BY PAYROLL DEDUCTION**

I wish to contribute to the charities listed below a total of

$\_\_\_\_\_\_\_\_\_**PER MONTH** BY PAYROLL DEDUCTION

university/college only: □Monthly – 10 months □Monthly – 12 months

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code Total Annual Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code Total Annual Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code Total Annual Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code Total Annual Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code Total Annual Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code Total Annual Amount

**I authorize the payroll deduction of the total amount**

**indicated above each month beginning January 2013.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRIBUTE BY CHECK**

I wish to contribute to the charities listed below

a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NOW**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code One-time gift

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code One-time gift

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code One-time gift

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code One-time gift

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code One-time gift

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6-digit code One-time gift

**Make Checks payable to GA SCCP**

*The State Charitable Contributions Program and its participating charities thank you for your donation. Please direct questions or comments to sccp@doas.ga.gov.*