1-148634

#41-San Antonio

Higher Education SECC Authorization Form

CONTROL NO. 441547
Office Use Only

Account #

NAME (PREFIX) | LAST | FIRST | MI

MAILING ADDRESS

CITY/STATE/ZIP | AREA CODE | WORK PHONE

UNIVERSITY/COLLEGE OR DIVISION/DEPARTMENT

E-MAIL ADDRESS

ACKNOWLEDGEMENT

NOTE: The names of leadership-level donors will be publicized annually by the SECC, unless the 'DO NOT ACKNOWLEDGE MY GIFT' option is selected.

- ❑ **DO NOT ACKNOWLEDGE MY GIFT**, either in writing, or with any form of personalized recognition/thanks.
- ❑ I request acknowledgement of my gift **via EMAIL** ... (to honor this request, your email address must be furnised – above)
- ❑ I request acknowledgement of my gift **via MAIL** ... (to honor this request, your home mailing address must be furnised –below)

ADDRESS

CITY | STATE | ZIP

HOW I WISH TO DISTRIBUTE MY GIFT

DESIGNATED GIFTS: **EACH CHARITY HAS A SIX-DIGIT CODE**; the first two digits correspond to its charitable group. To designate one or more charities or federated groups that appear in the directory provided, fill in the charity or federation six-digit identification number(s) and dollar amount(s). **VERY IMPORTANT ... The subtotal of the three charitable groups (1+2+3) MUST EQUAL the amount in either the "TOTAL MONTHLY GIFT" box or the "TOTAL ONE-TIME GIFT" box.**

first two digits of all charities within this group must match

FIRST TWO DIGITS MUST MATCH

CHARITY CODE $ GIFT AMOUNT .

CHARITY CODE $ GIFT AMOUNT .

CHARITY CODE $ GIFT AMOUNT .

CHARITABLE GROUP SUBTOTAL #1: $.

first two digits of all charities within this group must match

FIRST TWO DIGITS MUST MATCH

CHARITY CODE $ GIFT AMOUNT .

CHARITY CODE $ GIFT AMOUNT .

CHARITY CODE $ GIFT AMOUNT .

+ CHARITABLE GROUP SUBTOTAL #2: $.

first two digits of all charities within this group must match

FIRST TWO DIGITS MUST MATCH

CHARITY CODE $ GIFT AMOUNT .

CHARITY CODE $ GIFT AMOUNT .

CHARITY CODE $ GIFT AMOUNT .

+ CHARITABLE GROUP SUBTOTAL #3: $.

PAYMENT OPTIONS ... PLEASE SELECT ONE

❑ **PAYROLL DEDUCTION**
(complete authorization below)

TOTAL MONTHLY GIFT (TOTAL ALL "gift amount" BOXES ABOVE) $.

X

NO. OF PAY PERIODS PER YEAR (**9** OR **12**)

=

TOTAL ANNUAL GIFT $.

AUTHORIZATION FOR PAYROLL DEDUCTION - I voluntarily authorize the monthly deduction from my after-tax wages for a charitable contribution as indicated above. I understand that this authorization automoatically expires with the November pay period of each year. I also understand that I may revoke this authorization at any time by giving my payroll office written notice. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

EID Number | Employee Signature | Date

❑ **ONE-TIME GIFT** (cash or check) ...
attach, make check payable to State Employee Charitable Campaign

TOTAL ONE-TIME GIFT (TOTAL ALL "gift amount" BOXES ABOVE) $.

PART 1 - PAYROLL OFFICE