

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



PRINT NAME NYS EMPLID
 AGENCY NAME DEPARTMENT ID
 AGENCY ADDRESS FCC CODE 878

CONTRIBUTION METHOD AND AMOUNT

A. PAYROLL DEDUCTION \$30 \$20 \$15 \$10 \$5 \$2 Other: X = \$
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

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION

PRINT NAME DEPARTMENT ID
 AGENCY NAME DAYTIME PHONE #
 AGENCY ADDRESS FCC CODE 878
 AGENCY ZIP 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 in the SEFA brochure or by going to www.sefanys.org. Fill in below along with the total amount of your designation. Be sure to include the five digit charity code with the two or three (statewide) digit community code.

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>

Optional: I authorize the release of my name, home or email address and amount of my gift to the organization(s) I have designated so they may send me a thank you.

Street or Email Address
 City State: NY Zip Code

If you decide not to designate your gift to a specific charity, leave blank. Your contribution will be distributed to all SEFA charities in your region.

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" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>
<input type="text"/>	<input type="text" value=".00"/>

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.*

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	895	Saratoga, North	890	Buffalo	857
Cattaraugus County	857	Livingston County	896	Saratoga, South	850	Elmira	874
Cayuga County	887	Madison County	872	Schenectady County	850	New York	851
Chautauqua County	885	Monroe County	866	Schoharie County	850	Rochester	866
Chemung County	874	Montgomery County	870	Schuyler County	876	Schenectady	850
Chenango County	856	Nassau County	865	Seneca County	887	Syracuse	887
Clinton County	881	New York City	851	Steuben County	877	Utica	872
Columbia County	886	Niagara County	857	Suffolk County	865	Watertown	864
Cortland County	860	Niagara Frontier	857	Sullivan County	880		
Delaware County	894	Oneida County	872	Tioga County	856		
Dutchess County	861	Onondaga County	887	Tompkins County	876		
Erie County	857	Ontario County	888	Ulster County	871		
Essex County	881	Orange County	882	Warren County	890		
Franklin County	881	Orleans County	889	Washington County	890		
Fulton County	867	Oswego County	887	Wayne County	862		
Genesee County	869	Otsego County	894	Westchester County	873		
Greene County	886	Putnam County	873	Wyoming County	893		
Hamilton County	881	Rensselaer County	850	Yates County	877		

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	04/19/2012		
Check Date	05/03/2012	Pay End Date	05/02/2012		
Department ID	70140	NYS EMPLID	NO1234567		
EARNINGS	Current		YTD		
	Hrs/Days	Earnings	Hrs/Days	Earnings	
Regular Pay Salary Employee		486.30		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, 3rd 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.

