

**NEW YORK STATE EMPLOYEE FEDERATED APPEAL PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION**

NAME:

NYS EMPLID:

COUNTY / FEDERATED FUND CODE:

AGENCY ZIP CODE:

MY CONTRIBUTION METHOD:

**A. PAYROLL DEDUCTION**

\$20 \$15 \$10 \$5 \$3 \$1 Other:  X  = \$   
 # Pay Periods Per Year Annual Payroll Deduction

I hereby authorize the State Comptroller to deduct from each paycheck during the year 20\_\_ the amount indicated above.

Signature

Date

B. CHECK (Make payable to SEFA and attach) \$

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

C. TOTAL CONTRIBUTION (Add A and B)

\$   
**Total Gift**

NAME:

STATE AGENCY CODE:

AGENCY ZIP CODE:

DAYTIME PHONE #:

COUNTY / FEDERATED FUND CODE:

CONTRIBUTION METHOD AND AMOUNT:

A. PAYROLL DEDUCTION

\$

B. CHECK

\$

TOTAL CONTRIBUTION  
(Add A and B)

\$   
**Total Gift**

**Designated and Undesignated Gifts**

To designate your gift to a SEFA charity, find the SEFA charity number in your local SEF A brochure and fill in below along with the total amount of your designation. To designate your gift to another community's SEFA campaign, see the back of this card for the 3-digit EED\_FD.N O. and fill in below.

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"/>
\$ <input type="text"/>
\$ <input type="text"/>

Signature

Date

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

If you decide not to designate your gift to a specific charity, leave this box blank. Your contribution will be distributed by the local SEFA committee in accordance with state regulations.

I authorize the release of my name, home address and amount of my gift to the organization(s) I have designated so they may send me a thank-you. Release of Information is strictly optional.

Address

City

State

Zip Code

NAME:

TOTAL CONTRIBUTION:

\$   
**Total Gift**

METHOD OF PAYMENT:

Payroll Deduction

Check

**Designated and Undesignated Gifts**

SEFA Charity #

Total \$ Amount

<input type="text"/>
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