Higher-Education Authorization Form

Account# _	
_	(office use only)

					(Office use only)
5	State Employ	ee Cha	ritable Cam	paign	
Name — Prefix Last	First	MI U	niversity		
Mailing Address			ollege or Division		
City / State / ZIP			epartment		
E-mail Address		V	/ork Phone		
RECOGNITION & ACKNOWL	EDGEMENT OPTIO	NS ple	ase <u>select one</u> (of the options below	v:
NOTE: The names of leadership-level of	donors will be publicized a	nnually by the	SECC, unless the 'DO	NOT ACKNOWLEDGE' optio	on is selected below.
O DO NOT ACKNOWLEDGE my	y gift, either in writing o	or with any fo	rm of personalized r	recognition/thanks.	
O I request acknowledgement of	my gift via EMAIL	(to honor this	request, your email ad	dress must be furnished —	- above)
O I request acknowledgement of	my gift via U.S. MAIL	(to honor	this request, your hom	e mailing address must be	furnished — below)
Home Mailing Address			City	Zij)
HOW I WISH TO DISTRIBUTE	MY GIFT mini	mum dona	tion per charita	ble group is \$2:	
DESIGNATED GIFTS: EACH CHARITY					-
charities or federated groups that appropriate of the charities of the		<u> </u>			
				s (below) must equ L ONE-TIME GIFT	
→ \$			\$		→ \$
Charity Code Gift A	mount Charity C	ode	Gift Amount	Charity Code	Gift Amount
→ \$		_	\$		→ \$
Charity Code Gift Ar	mount Charity C	ode	Gift Amount	Charity Code	Gift Amount
PAYMENT OPTIONS plea	se select one:				
PAYROLL DEDUCTION (complete authorization below)	TOTAL MONTHLY (total all Gift Amount boxes		PAY PERIODS PER	(Total M	TAL ANNUAL GIFT onthly Gift x Pay Periods)

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 automatically 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 understood the "Distribution of Your Contribution" information on the back of this form.

Employee ID Number **Employee Signature** Date

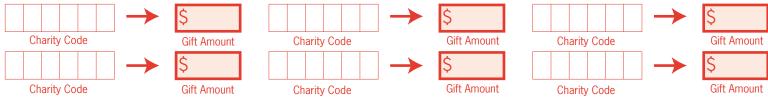
O **ONE-TIME GIFT** (CASH or CHECK) ... attach; make check payable to STATE EMPLOYEE CHARITABLE CAMPAIGN.

TOTAL ONE-TIME GIFT (total all Gift Amount boxes above)

Higher Education Authorization Form

Account#	
	(office use only)

	Higher-Education Authorization Form			Account#(office use only)
	State Employ	ee Ch	naritable Campaign	
Name — Prefix Last	First	MI	University	
Mailing Address			College or Division	
City / State / ZIP			Department	
E-mail Address			Work Phone	
RECOGNITION & ACKNOWL	EDGEMENT OPTIO	NS	please <u>select one</u> of the op	otions below:
NOTE: The names of leadership-level	donors will be publicized a	annually by	the SECC, unless the 'DO NOT ACKN	IOWLEDGE' option is selected below.
O DO NOT ACKNOWLEDGE m	y gift, either in writing o	or with an	y form of personalized recognition	n/thanks.
O I request acknowledgement of	my gift via EMAIL	(to honor t	this request, your email address must	be furnished — above)
O I request acknowledgement of	my gift via U.S. MAIL	(to ho	nor this request, your home mailing a	ddress must be furnished — below)
Home Mailing Address			City	Zip
HOW I WISH TO DISTRIBUTI	E MY GIFT mini	mum d	onation per charitable grou	ıp is \$2:
DESIGNATED GIFTS: EACH CHARITY charities or federated groups that app			· · · · · · · · · · · · · · · · · · ·	
			FT AMOUNT boxes (below HLY GIFT <u>or</u> TOTAL ONE-	•
→ S			→ S	→ S



PAYMENT OPTIONS ... please select one:

PAYROLL DEDUCTION (complete authorization below)



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 automatically 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 understood the "Distribution of Your Contribution" information on the back of this form.

Employee ID Number **Employee Signature** Date

O 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) **EXPIRATION OF PAYROLL DEDUCTION** ... If you are paid once each month, this authorization expires with the pay period ending November 30 of next year. If you are paid twice monthly, this authorization expires with the pay period ending December 15 of next year. If you are paid every other week by an institution of higher education, this authorization expires with the 25th consecutive payroll period after the start of the campaign year.

DISTRIBUTION OF YOUR CONTRIBUTIONS:

• Undesignated Contributions

Undesignated contributions will be divided by all participating organizations in your campaign area according to the formula in the SECC directory.

• Designated Contributions

You may require a statewide federation or fund or local campaign manager to distribute your contribution to particular charitable organizations by entering their six-digit charity codes. You may designate to charities within three charitable groups, or designate up to six charities within a single charitable group. These distributions will be based on the percentage method, which ensures that all organizations share losses from resignations, retirements, revocations of deductions authorizations or other causes, proportionally. A separate percentage is derived for each charity's proportion of all campaign contributions, and this percentage is used to distribute contributions thereafter. As a result, the total amount pledged to an organization through payroll deduction probably won't match the dollar-for-dollar that organization was designated. If you would like a full description of this method, refer to 34 Tex. Admin. Code Section 5.48(j)-(k).

To designate your contribution to organizations in other regions of Texas, consult your SECC directory for the area's local campaign manager.

IRS STATEMENT ... In compliance with tax law, your contribution is fully deductible unless you receive a gift in conjunction with your donation. For tax deduction purposes, the IRS requires that the fair-market value of any "premium" received be subtracted from your payment amount.

CANCELLATION ... If you find it necessary to cancel your pledge during the year, please notify your payroll office in writing.

SAMPLE DESIGNATIONS ... (NOTE: minimum donation per charity is \$2):



HOW TO COMPLETE PAYMENT OPTIONS:

