

FSEC CAMPAIGN PLEDGE FORM

C05424
5th Proof - 7-9-09
Ink: Black & ProBlue

Florida State Employees' Charitable Campaign (FSECC)



A

PART 1: FISCAL AGENT

Agency: County Name: Fiscal Agent Code:

Last Name: Employee No.:

First Name: M.I.:

Division:

Bureau:

Section:

Subsection:

Org Level 6:

Building Name: Room Number:

Email Address: @

B

I wish to participate in the FSECC and pay my gift by the following method (please choose one of the following):

PAYROLL DEDUCTION (Minimum deduction per pay period is \$2.00 for monthly employees and \$1.00 for biweekly employees)
Monthly Employees \$ x 12 = \$ (Total Pledge)
 NOTE: You must insert the monthly figure from above into the blank authorization space (blue box) in Part 2 of this form.
Biweekly Employees \$ x 26 = \$ (Total Pledge)
 NOTE: You must insert the biweekly figure from above into the blank authorization space (blue box) in Part 2 of this form.
 PERSONAL CHECK for a Total Pledge of \$ (Please Make Payable to the FSECC)
 CASH CONTRIBUTION for a Total Pledge of \$

C

ALL CONTRIBUTORS MAY DESIGNATE A MINIMUM ANNUAL AMOUNT OF \$5.00 PER PARTICIPATING CHARITY. THE TOTAL OF YOUR DESIGNATIONS BELOW MUST MATCH YOUR TOTAL PLEDGE ABOVE. SEE FSECC BROCHURE FOR CHARITY CODES.

Charity Code	Annual Amount	Charity Code	Annual Amount	Charity Code	Annual Amount	Charity Code	Annual 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"/>

D

E

(Contributor's Signature) _____ (Date) _____
 County Designation (Optional, if you have NOT designated a charity above.): See FSECC brochure for the 2 digit code.
(Separate at Part 2)

PART 2: PAYROLL OFFICE

Agency: County Name: Fiscal Agent Code:

Last Name: Employee No.:

First Name: M.I.:

Division:

Bureau:

F

I authorize the State of Florida to deduct the amount of \$ for each applicable pay period in the coming calendar year, beginning in January and ending in December, for a total annual amount of \$

(Contributor's Signature) _____ (Date) _____



INSTRUCTIONS:

- A. MAKE A COPY FOR THE EMPLOYEE FOR HIS/HER RECORDS IF REQUESTED**
- B. GIVING OPTIONS:** There are three giving options (payroll deduction, personal check and cash contribution).
- C. MINIMUM PAYROLL DEDUCTION:** The minimum payroll deduction amounts are \$2.00 for employees who are paid monthly, and \$1.00 for employees who are paid bi-weekly.
- D. DESIGNATION BOXES:** There are four opportunities to designate to any of the participating charities, as listed in your local FSECC brochure. The minimum annual designation is \$5.00 per charitable organization, to help keep processing costs from surpassing amounts of designations.
- E. COUNTY DESIGNATION BOX:** (Optional) This box is not pre-printed. If the contributor utilizes the county designation option, no further charity designations from the brochure can be made.
- F. PAYROLL DEDUCTION AUTHORIZATION:** Payroll deduction contributors MUST write-in the amount per pay period that is to be taken out of his/her paycheck in the blue box in Part 2, as well as the total annual amount in the black box in PART 2. The form must also be signed at the bottom of Part 2 for payroll deduction contributions.