

DONOR CONTRIBUTION FORM

Please print the following information:



Last Name _____

Mr. / Mrs. / Ms.
First Name _____

State Agency _____

Work Location _____

Employee ID _____

Email Address _____

ANNUAL CONTRIBUTION: Fill in the blank showing the amount of your payroll deduction and the total of your annual contribution.

_____ \$5 _____ \$10	x 12 pay periods	=	\$ _____
_____ \$15 _____ \$20	x 26 pay periods	=	Total annual gift _____
_____ \$25 _____ \$ _____	(Please Circle) OR		

ONE-TIME CONTRIBUTION: Fill in the blank showing the amount of your cash or check contribution and the total of your one-time contribution.

_____ Cash _____ Check (payable to SCC) for a total of \$ _____

Specify the agency(ies) you wish to support using the code from the list provided. Indicate the portion of your total gift the organization should receive.

Your gift is tax deductible in the year paid. SCC agencies do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DONOR ACKNOWLEDGEMENT: At your request, SCC will notify the organizations you designated for your support.

_____ Yes, I'd like to receive an acknowledgement from the agencies I've designated. Please release the following contact information:

Home Street Address _____
 Release my email address Release my amount

_____ No, I do not want to receive acknowledgement.

City, State, Zip _____
Donor Signature _____
Date _____

DONOR RECOGNITION:

_____ As a leadership donor of \$180 or more, I would like to be recognized in the SCC Charity Guide.

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