

Name (Prefix) Last First MI

Texas A&M International University - 761

State Agency Name AND Number

Social Security Number

Dept. / Unit # / Facility / Location

Work Phone

Webb

E-mail Address

County
Mary Treviño

326-2275

SECC Coordinator's Name

SECC Coordinator's Phone

ACKNOWLEDGEMENT:

Select ONLY ONE of the following options if you wish to receive acknowledgement for your gift. If you select both options, only option #2 will be given effect.

I wish my gift (but not the amount) to be acknowledged by the charity(ies) I have designated. (HOME ADDRESS REQUIRED)

I wish the amount of my gift to be acknowledged by the charity(ies) I have designated. By choosing this option, I understand the amount of my gift becomes public information. I expressly waive confidentiality and authorize the release of information indicating the amount of my gift. (HOME ADDRESS REQUIRED)

Home Address (REQUIRED)

City

Zip

HOW I WISH TO DISTRIBUTE MY GIFT ... minimum donation per charitable group is \$2:

DESIGNATED GIFTS: **EACH CHARITY HAS A SIX-DIGIT CODE**; the first two digits correspond to its charitable group. To designate one or more charities or federated groups that appear in the directory provided, fill in the charity or federation six-digit identification number(s) and dollar amount(s).

IMPORTANT ... The subtotal of the three charitable groups (1+2+3) MUST MATCH the amount in either the "TOTAL MONTHLY GIFT" box or the "TOTAL ONE-TIME GIFT" box.

first two digits of all charities within this group must match

first two digits must match

Charity Code	→	\$
Charity Code	→	\$
Charity Code	→	\$

first two digits of all charities within this group must match

first two digits must match

Charity Code	→	\$
Charity Code	→	\$
Charity Code	→	\$

first two digits of all charities within this group must match

first two digits must match

Charity Code	→	\$
Charity Code	→	\$
Charity Code	→	\$

CHARITABLE GROUP SUBTOTAL #1 \$ _____ + CHARITABLE GROUP SUBTOTAL #2 \$ _____ + CHARITABLE GROUP SUBTOTAL #3 \$ _____

PAYMENT OPTIONS ... please select one:

PAYROLL DEDUCTION
(complete authorization below)

TOTAL MONTHLY GIFT (total of 3 group subtotals above) \$ _____	X	PAY PERIODS PER YEAR 12	=	TOTAL ANNUAL GIFT (total monthly gift x 12 pay periods) \$ _____
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AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules. I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

** (Enter "12-01-current year" unless this form is being completed by a new employee.)

Authorized Signature

Today's Date

Effective Date **

ONE-TIME GIFT (CASH or CHECK) ... attach; make check payable to State Employee Charitable Campaign.

TOTAL ONE-TIME GIFT
(total of 3 group subtotals above)
\$ _____