

**DONOR CONTRIBUTION FORM**



Please print the following information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
State Agency

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Mr. / Mrs. / Ms.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
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)	<b>OR</b>	_____

Code	Annual Amount
_____	_____
_____	_____
_____	_____
_____	_____

**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 for the agencies I've designated. Please release the following contact information:

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_ No, I do not want to receive acknowledgement.

\_\_\_\_\_  
Donor Signature

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