

MAINE STATE EMPLOYEES COMBINED CHARITABLE APPEAL PLEDGE FORM

A. Name _____

TAMS ID # _____

Department _____

E-mail _____

Division/Bureau _____

I authorize publication of my name in MSECCA and federation/agency materials for purposes of recognition.

B. Payment Method *(Please check one)*

Payroll Deduction

\$ _____ .x 26 pay periods = \$ _____
(amount per pay period x pay periods per year) **TOTAL**

Single payment by

cash or check for \$ _____
(make checks payable to MSECCA)

C. Payroll Deduction Authorization

I hereby authorize the State of Maine, by which I am employed, to *(please check one)*:

- Current employees-** deduct the amount shown above from my pay each pay period, starting with the first pay period in January and ending with the last pay period in December; OR
- New employees-** deduct the amount shown above from my pay each pay period, starting with the first pay period after I begin state employment, and ending with the last pay period in December.

I understand that this authorization may be revoked by me in writing at any time before it expires.

Signature _____ Date _____

D. Designations

Please be sure to enter the correct code number and name for each federation or agency designated.

\$ _____ code # name _____

\$ _____ code # name _____

\$ _____ code # name _____

\$ _____ code # name _____

\$ _____ code # name _____

\$ _____ code # name _____

\$ _____ Total

(Should equal total in Section B. Undesignated pledges will be distributed to all MSECCA participating federations in proportion to designations received.)

E. Acknowledgement

Gift acknowledgement from charities? YES NO

If yes, please complete the following:

Home address: _____ City _____ State _____ Zip _____

Thank you!

