

Return this form to your department's MSECCA coordinator or pledge online at maine.gov/msecca/

A. Contact Info TAMS ID# _____ Name Department _ B. Payment Method (Please check one) Payroll Deduction (amount per pay period) Total (amount per pay period x 26 pay periods per year) Single Payment ☐ Cash or ☐ Check (if check, make payable to MSECCA) C. Payroll Deduction Authorization (Please check one & sign) I hereby authorize my employer, the State of Maine, to: Current Employee: 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 Employee: 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 I can revoke this authorization at any time by providing written notice. Signature Date D. Designations Please be sure to enter the correct code and name for each federation or charity designated. You may list additional charities by attaching a separate sheet of paper to this pledge form. _____ Code# Name Code# Name _ _ Code# Name Code# Name _ Code# Name _ Or designate a charity of your choice that is not listed in the donor guide. There is a minimum donation of \$100 for each charity not listed in this guide. Name of Charity ___ Contact Name & Phone# ___ (must be a 501 (c)(3) organization) ___ Web Address ___ Total *This total should equal the total entered in section B. Undesignated pledges will be distributed to all MSECCA participating federations. E. Acknowledgement

Ouestions?

Home Address

State Zip