

A. Contact Info

Return this form to your department's MSECCA coordinator or pledge online at maine.gov/msecca/					
A. Contact Info			9.		
Name		TAMS ID#			
Department		Email			
B. Payment Meth	Dd (Please check one)				
Payroll Deduction	\$ x 26 pay pe (amount per pay period)		otal (amount per pay period x 26 pay periods per year)		
Single Payment	Cash or Check (if check, make payable to MSECCA)	\$	Total		

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	
0	

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)		
	Address	Web Address		
\$	Total * This total should equal the total entered in s	section B. Undesignated pledges will be dist	tributed to all MSECCA participating federations.	
E. Acknowl			n plaga provida vour address balow	
Do you wish to be and	onymous? 🗌 Yes 🗌 No 🛛 If yes, we will not	t provide your name to the charity. If no	, piedse provide your dudress below.	
	nymous? [] Yes [] No If yes, we will not		State Zip	