



# STATE CHARITABLE CONTRIBUTIONS PROGRAM 2009 - 2010 Pledge Form

## Instructions

1. If you would like to receive an email or written acknowledgement from your selected charities, mark 'Yes' after the appropriate question below and provide your email address or complete mailing address.
2. Choose your method of contribution and find the corresponding box in the lower half of the form.
3. Select the charity(ies) that you wish to benefit from your contribution by filling in the 6-digit code(s) in the box. Only those charities listed in the brochure with 6-digit codes may be designated. **The minimum designation is \$1.00 per charity per month.** If you do not designate a charity, your contribution will be distributed among all eligible charities in the same proportions as the total designations. Administrative costs for the 2008-09 campaign were 7% of contributions.
4. Enter the contribution amount in the box. **The minimum contribution is \$1.00 per month per charity payroll deduction or \$1.00 by check, money order or cash.**
5. Sign the form and return it in the return envelope or mail to Joel Smith, Medical College of Georgia, HS 1143, 1120 15<sup>th</sup> St. Augusta, GA 30912.

Name \_\_\_\_\_ Employee Id \_\_\_\_\_

Email Address \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Do you want your name and address or email given to your selected charity for the purpose of receiving an acknowledgement?  Yes  No

### MEMORIAL CONTRIBUTION ACKNOWLEDGEMENT REQUEST

If you are making your contribution in memory of a family member or a friend, please complete this portion of the pledge form. You must designate your contribution to at least one charity listed in the brochure with a six-digit code and select a recipient to receive the acknowledgement letter in order to make a memorial contribution. Your name and address, the amount of your contribution, the person you are giving in memory of and the name of the person you designate to receive the acknowledgement letter will be given to the charity(ies) you designate. Please print clearly with a ball point pen. I am making this contribution in memory of:

Mr./Mrs./Ms. \_\_\_\_\_  
PERSON'S NAME

Please send acknowledgement to:

Mr./Mrs./Ms. \_\_\_\_\_  
PERSON'S NAME

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

6-DIGIT CODE \_\_\_\_\_ AMOUNT \_\_\_\_\_ 6-DIGIT CODE \_\_\_\_\_ AMOUNT \_\_\_\_\_ 6-DIGIT CODE \_\_\_\_\_ AMOUNT \_\_\_\_\_

### Contribute by Payroll Deduction

I wish to contribute to the charities listed below a total of  
\$ \_\_\_\_\_ PER MONTH by payroll deduction.

Monthly – 10 months  Monthly – 12 months  Bi-Weekly

\_\_\_\_\_ \$ \_\_\_\_\_  
6-digit code Per month

\_\_\_\_\_ \$ \_\_\_\_\_  
6-digit code Per month

\_\_\_\_\_ \$ \_\_\_\_\_  
6-digit code Per month

\_\_\_\_\_ \$ \_\_\_\_\_  
6-digit code Per month

\_\_\_\_\_ \$ \_\_\_\_\_  
6-digit code Per month

\_\_\_\_\_ \$ \_\_\_\_\_  
6-digit code Per month

### Contribute by Check, Money Order or Cash

I wish to contribute to the charities listed below  
a total of \$ \_\_\_\_\_ now.

\_\_\_\_\_  Check  MO  Cash \$ \_\_\_\_\_  
6-digit code One-time gift

\_\_\_\_\_  Check  MO  Cash \$ \_\_\_\_\_  
6-digit code One-time gift

\_\_\_\_\_  Check  MO  Cash \$ \_\_\_\_\_  
6-digit code One-time gift

\_\_\_\_\_  Check  MO  Cash \$ \_\_\_\_\_  
6-digit code One-time gift

\_\_\_\_\_  Check  MO  Cash \$ \_\_\_\_\_  
6-digit code One-time gift

\_\_\_\_\_  Check  MO  Cash \$ \_\_\_\_\_  
6-digit code One-time gift

I authorize my department/college/university to deduct the total amount indicated above each month beginning January 2010.

Make checks or money orders payable to SCCP.

X \_\_\_\_\_