The CUNY Campaign for Voluntary Charitable Giving 2009-2010

Pledge Form

Please check one:
☐ City Payroll Employee ☐ State Payroll Employee

Your contribution is tax-deductible. Please print clearly.

EMPLOYEE NAME (First, MI, Last) ***(Please print)***

COLLEGE

DEPARTMENT

For Payroll Dept. Use Only

AGENCY CODE

LINE NO.

SOCIAL SECURITY NUMBER 8 9 7

NAME OF CAPTAIN:

A. PAYROLL DEDUCTION

☐ Continuous Payroll Deduction — I proudly pledge the following for each pay period until further notice.*

☐ I proudly pledge the following for each pay period in 2010.

☐ $ _____ (amount of your choice) per pay period

☐ $40.00 per pay period ☐ $15.00 per pay period ☐ $8.00 per pay period

☐ $20.00 per pay period ☐ $12.00 per pay period ☐ $5.00 per pay period

B. I wish to make a one-time contribution.

Enclosed is my check in the amount of $_____ payable to The CUNY Campaign.

** I authorize the State Comptroller to deduct from each paycheck the amount indicated at left. This deduction may be cancelled at any time by written notice to the agency payroll office or the State Comptroller.*

No Audit or Control Keypunch below this line.

Please complete either C or D.

C. I designate my total contribution to The CUNY Campaign.

I understand this means it will be shared by all of the participating charitable organizations.

Code # 0 1 0 0 If yes, please check ☐

D. I designate my contribution to the following nonprofit organization(s):

Code #	Code #	Code #	Code #
$_____ per pay period	$_____ per pay period	$_____ per pay period	$_____ per pay period

E. _____ **SIGNATURE (Please sign)** _____ **DATE**

F. I would like the designated nonprofit organization(s) to acknowledge my gift.

☐ Yes ☐ No

HOME ADDRESS

CITY, STATE, ZIP

G. I would like the following organization to be considered for inclusion in next year's campaign.

NAME OF ORGANIZATION

ORGANIZATION'S ADDRESS

THANK YOU!

FOR OFFICIAL USE ONLY *(City Payroll Employees Only)*

ACTION CODE ☐ DOC NO. ☐☐☐☐☐☐☐

SSN ☐☐☐-☐☐-☐☐☐☐

CD ☐ JSN ☐ PAYROLL NO. ☐☐☐

EFFECTIVE DATE ☐☐☐☐☐☐

EXPIRATION DATE ☐☐☐☐☐☐

DEDUCTION CODE	7 5 7 0	7 5 7 1	7 5 7 2	7 5 7 3
PAYEE CODE REPORT	0	0	0	0
DEDUCTION AMT.+				

Prepared by:

PLEASE PRINT NAME *DATE*

SIGNATURE *TELEPHONE*

REVIEWER'S SIGNATURE *DATE*

KEY ENTRY OPERATOR'S SIGNATURE *DATE*

PMS 25

Payroll Office

THE CUNY CAMPAIGN SWEEPSTAKES ENTRY FORM

EMPLOYEE NAME

COLLEGE *DEPARTMENT*

TELEPHONE NUMBER