Pledge Form

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

Your contribution is tax-deductible. Please print clearly.

EMPLOYEE NAME (First, Ml, Last) (Please print)

COLLEGE

DEPARTMENT

NAME OF CAPTAIN:

A. PAYROLL DEDUCTION

☐ 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.

☐ I proudly pledge the following for each pay period until further notice.*

☐ $________ (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.

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 #   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

NAME OF ORGANIZATION

ORGANIZATION’S ADDRESS

THANK YOU!

FOR OFFICIAL USE ONLY (City Payroll Employees Only)

ACTION CODE [ ] DOC NO. [ ]

CD [ ] JSN [ ] PAYROLL NO. [ ]

EFFECTIVE DATE [ ]

EXPIRATION DATE [ ]

DEDUCTION CODE [ ]

PAYEE CODE REPORT [ ]

DEDUCTION AMT. [ ]

THE CUNY CAMPAIGN SWEEPSTAKES ENTRY FORM

EMPLOYEE NAME

COLLEGE

TELEPHONE NUMBER

Payroll Office