

**NEW YORK STATE EMPLOYEE FEDERATED APPEAL PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION**

NAME:

SOC. SEC. #: XXX-XX-

COUNTY OF AGENCY:



FEDERATED FUND CODE:

MY CONTRIBUTION METHOD

A. PAYROLL DEDUCTION

**Enter your desired bi-weekly deduction amount:** \_\_\_\_\_

X \_\_\_\_\_ = \$ \_\_\_\_\_  
 # Pay Periods Per Year Annual Payroll Deduction

I hereby authorize the State Comptroller to deduct from each paycheck during the year \_\_\_\_\_ the amount indicated above.

\_\_\_\_\_  
 Signature Date

B. CASH (attach) \$ \_\_\_\_\_

C. CHECK (Make payable to SEFA and attach) \$ \_\_\_\_\_

D. TOTAL CONTRIBUTION (Add A, B, and C) \$ \_\_\_\_\_

**Total Gift**

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

PART I: STATE AGENCY COPY

NAME:

STATE AGENCY CODE:

COUNTY OF AGENCY:

DAYTIME PHONE #:

FEDERATED FUND CODE:

CONTRIBUTION METHOD AND AMOUNT:

A. PAYROLL DEDUCTION \$ \_\_\_\_\_

B. CASH \$ \_\_\_\_\_

C. CHECK \$ \_\_\_\_\_

TOTAL CONTRIBUTION (Add A, B, and C) \$ \_\_\_\_\_  
**Total Gift**

**Designated and Undesignated Gifts**

To designate your gift to a SEFA charity, find the SEFA charity number in your local SEFA brochure and fill in below along with the total amount of your designation. To designate your gift to another \_\_\_\_\_

| SEFA Charity # | Total \$ Amount |
|----------------|-----------------|
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |

If you decide not to designate your gift to a specific charity, leave this box blank. Your contribution will be distributed by the local SEFA committee in accordance with state regulations.



I authorize the release of my name, address and amount of my gift to the organization(s) I have designated so they may send me a thank-you.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PART II: SEFA HEADQUARTERS HERE DO YOU WANT YOUR GIFT TO GO?

NAME: \_\_\_\_\_

TOTAL CONTRIBUTION: \$ \_\_\_\_\_  
**Total Gift**

METHOD OF PAYMENT: Payroll Deduction Cash Check



**Designated and Undesignated Gifts**

| SEFA Charity # | Total \$ Amount |
|----------------|-----------------|
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |
| _____          | \$ _____        |

PART III: KEEP FOR YOUR RECORDS