

UB Employees Campaign for the Community

Part 1: My information

Name: _____ Entity: _____
 Department: _____ **Person# (required):** _____
 Campus Address: _____ Last year's contribution: _____
 Campus Email: _____ Form of gift: _____
 Number of pay periods (if applicable): _____
Per pay period deduction in 2016 (if applicable): _____

Part 2: My decision

Your contribution is tax deductible!

PLEASE CHOOSE ONE OF THE FOLLOWING GIVING OPTIONS

Please deduct **\$2 per pay period** (only \$1 per week) from my paychecks during the 2017 calendar year.
This is the suggested first time gift, but please give more generously if you can.

OR

Please deduct **\$2 more per pay period** during the 2017 calendar year (only \$1 per week) than my gift in 2016.
All returning donors are asked to please consider this small but very generous increase.

OR

I authorize the deduction of the following amount from each of my biweekly paychecks during the 2017 calendar year.

\$40 per pay period \$20 per pay period \$10 per pay period \$5 per pay period
 Other amount per pay period \$ _____ (please specify in dollars and cents)

OR

I authorize the deduction of the following total amount from my biweekly paychecks during the 2017 calendar year.

1% of my gross pay 2% of my gross pay Other _____ % of my gross pay

OR

I pledge a total gift of \$ _____ to the campaign on my AMEX, Visa, Mastercard or Discover card.
(You will be contacted for your card number; charge contributions are acknowledged for the calendar year in which they are made.)

OR

I'll contribute by check (check contributions are acknowledged for the calendar year in which they are made).

\$ _____ Amount enclosed now by check (payable to SEFA)
 \$ _____ Balance to be billed to me: Please bill the balance Annually Quarterly Monthly

OR

No, Thank You

I have decided not to give to this year's campaign. I give to the community in other ways.

Part 3: My choices Undesignated gifts will be distributed by the local SEFA Committee in accordance with State Regulations

I would like my gift to go to the following agencies.

(See the SEFA directory for agency listings. Please attach a separate sheet if you wish to designate to more than four agencies.)

Agency Number	Agency Name	Annual Amount Designated
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- I DO NOT authorize the release of my name, address, and amount of my gift to the agency(ies) I have designated above.
 I DO NOT authorize the listing of my name in any agency publications acknowledging contributors.

Part 4: My Signature (REQUIRED FOR ALL CONTRIBUTIONS)

Thank you for participating!

Signature (required)

Date

Please return this filled out and signed form to: Employees Campaign for the Community,
Human Resource Services - 120 Crofts Hall University at Buffalo
Buffalo, NY 14260

