

UB Employees Campaign for the Community

Part 1: My information (please indicate any needed corrections or add missing information)

Name: _____ Entity: _____
 Department: _____ **Person# (required):** _____
 Campus Address: _____ Last year's contribution: _____
 Number of pay periods (if applicable): _____
Per pay period deduction in 2015 (if applicable): _____
 Form of gift: _____

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 2015 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 2015 calendar year (only \$1 per week) than my gift in 2014.
 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 2015 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 2015 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

Decline

- ☐ I choose not to contribute to UB's Campaign for the Community this year.

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