

**The CUNY
Campaign for
Voluntary
Charitable Giving
2009-2010**

P l e d g e F o r m

Please check one:

City Payroll Employee State Payroll Employee

Your contribution is tax-deductible. Please print clearly.

For Payroll Dept. Use Only

AGENCY CODE

LINE NO.

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

COLLEGE

DEPARTMENT

_____-_____-_____
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 Key punch 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 #

\$ _____
per pay period

Code #

\$ _____
per pay period

Code #

\$ _____
per pay period

Code #

\$ _____
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)

Prepared by:

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 PMS 25

PAYEE CODE REPORT 0 | _____ 0 | _____ 0 | _____ 0 | _____

DEDUCTION AMT.+ _____ _____ _____ _____

PLEASE PRINT NAME

DATE

SIGNATURE

TELEPHONE

REVIEWER'S SIGNATURE

DATE

KEY ENTRY OPERATOR'S SIGNATURE

DATE

Payroll Office

THE CUNY CAMPAIGN SWEEPSTAKES ENTRY FORM

EMPLOYEE NAME

COLLEGE

DEPARTMENT

TELEPHONE NUMBER

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PAYEE CODE REPORT 0 | _____ 0 | _____ 0 | _____ 0 | _____

DEDUCTION AMT.+ _____ _____ _____ _____

PLEASE PRINT NAME _____ DATE _____

SIGNATURE _____ TELEPHONE _____

REVIEWER'S SIGNATURE _____ DATE _____

KEY ENTRY OPERATOR'S SIGNATURE _____ DATE _____

Campaign Manager

THE CUNY CAMPAIGN SWEEPSTAKES ENTRY FORM

EMPLOYEE NAME _____

COLLEGE _____ DEPARTMENT _____

TELEPHONE NUMBER _____

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DEDUCTION AMT.+ _____ _____ _____ _____

PLEASE PRINT NAME

DATE

SIGNATURE

TELEPHONE

REVIEWER'S SIGNATURE

DATE

KEY ENTRY OPERATOR'S SIGNATURE

DATE

Campus Coordinator

THE CUNY CAMPAIGN SWEEPSTAKES ENTRY FORM

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COLLEGE

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TELEPHONE NUMBER

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DEDUCTION AMT.+ _____ _____ _____ _____

PLEASE PRINT NAME _____ DATE _____

SIGNATURE _____ TELEPHONE _____

REVIEWER'S SIGNATURE _____ DATE _____

KEY ENTRY OPERATOR'S SIGNATURE _____ DATE _____

Donor — please retain for your record

THE CUNY CAMPAIGN SWEEPSTAKES ENTRY FORM

EMPLOYEE NAME

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