

STATE CHARITABLE CAMPAIGN DONOR CONTRIBUTION FORM



MY INFORMATION

please print

___ Mr. ___ Mrs. ___ Ms. ___ Dr. Last Name: _____ First Name: _____

State Agency: _____ Employee ID: _____ Work Location: _____

Email Address: _____

MY GIVING OPTIONS

Option 1: Easy payroll deduction

I authorize my employer to deduct the following amount each pay period.

\$5 \$10 \$15 \$20 \$25 Other \$ _____

x 12 pay periods - or - x 26 pay periods (Please circle)

For a total annual gift of \$ _____

Option 2: One time gift in the amount of \$ _____

Cash Check (made payable to SCC)

Credit card (Visa/MasterCard/American Express/Discover)

Provide your daytime phone number and you will be contacted for payment. If we are unable to reach you to obtain credit card information, we will send you a pledge reminder with instructions on how to make a payment via credit card.

_____ Phone

Parties making donations with a credit card payment acknowledge that a third party processor will be used. The actions of the third part processor are outside the control of OMES, the State of Oklahoma, the LPCFRO of the State Charitable Campaign, or the Oversight Committee for State Charitable Contributions. Any breach of information that occurs through payments made through the third part processor is the responsibility of the third party processor. Parties also acknowledge that the third party processor will charge a fee that is in addition to the amount donated to the State Charitable Campaign or charity.

How do you want to invest in your community?

To support a federation and have your gift shared among all of its charities, choose the federation code as it appears preceding the federation name and description in the SCC Charity Guide. To support an individual charity within a federation, select that charity's code as it appears preceding the charity name and description. Pledge cards returned with a donation but without charity code numbers will be counted as undesignated donations. Undesignated money shall be distributed in the same proportion as designated dollars within the state of Oklahoma.

Specify the agency(ies) you wish to support using the code from the list provided. Indicate the portion of your total gift the organization should receive.

I designate my gift to:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
Agency code	Annual amount	Agency code	Annual amount
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____
Agency code	Annual amount	Agency code	Annual amount

DONOR ACKNOWLEDGEMENT

At your request, SCC will notify the organizations you designated for your support.

Yes, I'd like to receive an acknowledgement from the agencies I've designated. Please release the following contact information:

Home Address: _____ City, State: _____ Zip: _____

Release my email address Release my amount

No, I do not want to receive acknowledgement.

As a leadership donor of \$180 or more, I would like to be recognized in the SCC Charity Guide.

Please sign below to confirm your donation and help make a difference in our community.

Signature (required)

Date

Your gift is tax deductible in the year paid. SCC agencies do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.