Leadership Levels:

Anniversary Club
$180 - $499

Meridian Club
$500 - $999

Century Club
$1,000 - $1,499

Millennium Club
$1,500 and above
DONOR CONTRIBUTION FORM

Please print the following information:

Last Name__________________________________________  Mr. / Mrs. / Ms.________________________
First Name__________________________________________
State Agency__________________________________________  Work Location__________________________
Employee ID__________________________________________  Email Address__________________________

Mr. / Mrs. / Ms.  
First Name  
Work Location  
Email Address  

**ANNUAL CONTRIBUTION:** Fill in the blank showing the amount of your payroll deduction and the total of your annual contribution.

$5  
$10  
$15  
$20  
$25  
____$   
OR  

X 12 pay periods  
X 26 pay periods  
(Please Circle)  
Total annual gift

Code  
Annual Amount
  

**ONE-TIME CONTRIBUTION:** Fill in the blank showing the amount of your cash or check contribution and the total of your one-time contribution.

Cash  
Check (payable to SCC) for a total of $

Cash  
Check (payable to SCC) for a total of $

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.

Code  
Annual Amount
  

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.

**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 Street Address  
City, State, Zip  

☐ Release my email address  ☐ Release my amount  

☐ No, I do not want to receive acknowledgement.

**DONOR RECOGNITION:**  
As a leadership donor of $180 or more, I would like to be recognized in the SCC Charity Guide.
## DONOR CONTRIBUTION FORM

Please print the following information:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Mr. / Mrs. / Ms.</th>
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<tr>
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</table>

<table>
<thead>
<tr>
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<tr>
<td>$25</td>
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\[ \text{Total annual gift} = \text{Code} \times \text{Annual Amount} \]

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**DONOR RECOGNITION:**

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DONOR CONTRIBUTION FORM

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DONOR RECOGNITION:

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

**SCC**  
State Charitable Campaign

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  - [ ] Release my amount

  **City, State, Zip**

  **Donor Signature**

  **Date**

### DONOR RECOGNITION

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**CONTRIBUTOR COPY**