

# SECC Authorization Form

Account# \_\_\_\_\_  
(office use only)

— if your state agency has been APPROVED FOR ONLINE GIVING you may skip the paper form and give via **sectexasgiving.org** —

Name (Prefix) Last First MI  
Fundraiser - Bake Sale

State Agency Name AND Number  
TDCJ - 696

Employee ID Number  
936-437-6553

Dept. / Unit # / Facility / Location  
Ex Services - HV

Work Phone  
SHI 2310

County  
Walker

E-mail Address

SECC Coordinator's Name  
Lydia Pool SECC Coordinator's Phone  
936-437-6447

## RECOGNITION & ACKNOWLEDGEMENT OPTIONS ... please select one of the options below:

NOTE: The names of leadership-level donors will be publicized annually by the SECC, unless the 'DO NOT ACKNOWLEDGE' option is selected below.

- DO NOT ACKNOWLEDGE** my gift, either in writing or with any form of personalized recognition/thanks.
- I request acknowledgement of my gift **via EMAIL** ... (to honor this request, your email address must be furnished — above)
- I request acknowledgement of my gift **via U.S. MAIL** ... (to honor this request, your home mailing address must be furnished — below)

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## HOW I WISH TO DISTRIBUTE MY GIFT ... minimum donation per charitable group is \$2:

DESIGNATED GIFTS: **EACH CHARITY HAS A SIX-DIGIT CODE**; the first two digits correspond to its charitable group. To designate one or more charities or federated groups that appear in the directory provided, fill in the charity or federation six-digit identification number(s) and dollar amount(s).

**VERY IMPORTANT: The total of all GROUP SUBTOTAL boxes below (#1 + #2 + #3) must equal the amount in either TOTAL MONTHLY GIFT or TOTAL ONE-TIME GIFT.**

first two digits of all charities within this group must match

first two digits must match	085178	→	\$200. <sup>00</sup>
	Charity Code		Gift Amount
	_ _ _ _ _	→	\$
	Charity Code		Gift Amount
	_ _ _ _ _	→	\$
	Charity Code		Gift Amount

**GROUP SUBTOTAL #1 = \$200.<sup>00</sup>**

first two digits of all charities within this group must match

first two digits must match	_ _ _ _ _	→	\$
	Charity Code		Gift Amount
	_ _ _ _ _	→	\$
	Charity Code		Gift Amount
	_ _ _ _ _	→	\$
	Charity Code		Gift Amount

**GROUP SUBTOTAL #2 = \$**

first two digits of all charities within this group must match

first two digits must match	_ _ _ _ _	→	\$
	Charity Code		Gift Amount
	_ _ _ _ _	→	\$
	Charity Code		Gift Amount
	_ _ _ _ _	→	\$
	Charity Code		Gift Amount

**GROUP SUBTOTAL #3 = \$**

## PAYMENT OPTIONS ... please select one:

**PAYROLL DEDUCTION** (complete authorization below)

<b>TOTAL MONTHLY GIFT</b> <small>(total of 3 Group Subtotals above)</small> \$ _____	X	<b>PAY PERIODS PER YEAR</b> <b>12</b>	=	<b>TOTAL ANNUAL GIFT</b> <small>(Total Monthly Gift x 12 pay periods)</small> \$ _____
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AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules. I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

Peterson Authorized Signature      9-1-19 Today's Date      \_\_\_\_\_ Effective Date \*\*

\*\* (Enter "12-01-current year" unless this form is being completed by a new employee.)

**ONE-TIME GIFT (CASH or CHECK)** ... attach; make check payable to STATE EMPLOYEE CHARITABLE CAMPAIGN.

white copy - PAYROLL OFFICE      yellow copy - LOCAL CAMPAIGN MANAGER (in report envelope)      pink copy - EMPLOYEE

**TOTAL ONE-TIME GIFT**  
(total of 3 Group Subtotals above)  
\$ 200.<sup>00</sup>