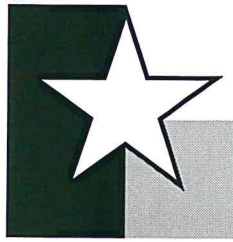


Together We Care



secctexas.org

PLEDGE REPORT ENVELOPE

State Employee Charitable Campaign

SUBMIT COMPLETED ENVELOPES TO:

- COMPLETE ALL INFORMATION IN SECTIONS 1, 2 and 3 ... print clearly to reduce errors in processing.
- CHECK ACCURACY AND LEGIBILITY OF PLEDGE FORM CALCULATIONS.
- Enclose **yellow** copies of all pledge forms in this envelope and forward to your local campaign manager. (Donor retains **pink** copy; payroll office receives **white** copy)
- Report form (*below*) must balance to envelope's contents ... be certain all items noted on the report form are included in this envelope. **COMPLETE ONE REPORT FORM / ENVELOPE PER SUBMITTAL ... DO NOT INCLUDE TOTALS FROM PREVIOUS REPORT FORMS/ENVELOPES.**

1 THIS REPORT IS:

PARTIAL... ADD'L REPORT(S) WILL FOLLOW

FINAL

[THIS SECTION FOR FISCAL AGENT USE ONLY]

ORGANIZATION NUMBER

2

STATE AGENCY ... PLEASE PRINT _____ #FT

DEPARTMENT / DIVISION ... PLEASE PRINT _____ NO. OF EMPLOYEES _____ #PT

LOCATION (STREET ADDRESS) ... PLEASE PRINT _____

COORDINATOR NAME ... PLEASE PRINT _____ PHONE NO. / EXT. _____

COORDINATOR SIGNATURE _____ DATE SUBMITTED TO FISCAL AGENT _____

3

PAYROLL DEDUCTION PLEDGES	[NO. OF GIVERS]	[AM'T OF DONATIONS]
(\$1 - \$999) _____	}	\$ _____
(\$1,000 or more) _____		
FULLY-PAID PLEDGES (CASH/CHECK)	[NO. OF GIVERS]	[AM'T OF DONATIONS]
(\$1 - \$999) _____	}	\$ _____
(\$1,000 or more) _____		
OTHER (DIRECT BILL, STOCK, ETC.)	[NO. OF GIVERS]	[AM'T OF DONATIONS]
(\$1 - \$999) _____	}	\$ _____
(\$1,000 or more) _____		
SPECIAL EVENTS / FUNDRAISERS		[AM'T OF DONATIONS]
		\$ _____
TOTALS FOR THIS ENVELOPES	[NO. OF GIVERS]	[AM'T OF DONATIONS]
(\$1 - \$999) _____	}	\$ _____
(\$1,000 or more) _____		

[AM'T ENCLOSED]	[BALANCE DUE]
\$ _____ =	\$ _____
[AM'T ENCLOSED]	[BALANCE DUE]
\$ _____ =	\$ _____
[AM'T ENCLOSED]	[BALANCE DUE]
\$ _____ =	\$ _____
[AM'T ENCLOSED]	[BALANCE DUE]
\$ _____ =	\$ _____
[AM'T ENCLOSED]	[BALANCE DUE]
\$ _____ =	\$ _____

←

SHADED SECTION FOR FISCAL AGENT USE ONLY

[THIS SECTION FOR FISCAL AGENT USE ONLY]

_____ campaign rep / LCM _____ date received (campaign) _____ date received (finance) _____ audit date / audited by _____ data entry date / entered by