

State Employees Charitable Campaign Contribution Form

Contributions by payroll deduction can be made through your MI HR Self-Service account at www.michigan.gov/selfserv or by contacting the MI HR Service Center at (877) 766-6447 or (517) 335-0529. Contributions by check, credit card, or direct bill can only be made by using this form. Online pledges do not require a pledge form.

A. General Information (PLEASE PRINT LEGIBLY)

Employee Name: _____

Employee ID: _____

Department: _____

Daytime Phone Number: () _____

Please choose one of the following options:

- I choose to continue my current payroll deduction with no changes. Complete sections A, B, E, and F.
- I choose to start a new or modify my current payroll deduction (this will replace any previous contribution designations). Complete sections A, B, D, E, and F.
- I choose to make a one-time contribution by check, credit card, or direct bill. Complete sections A, C, D, E, and F.
- I choose to discontinue my current payroll deduction. Complete sections A and F.
- If you are not a current giver and do not wish to contribute, do not return this form.

B. Contribution by Payroll Deduction

I authorize the following deduction to begin the first payday in January.

- I would like my payroll deduction to continue every pay period each year until I elect to end it.
- I would like my payroll deduction to continue for _____ (1-26) pay periods.

Total Annual Contribution Worksheet

Amount \$_____ per pay period x _____ pay periods = \$_____ Total Annual Contribution

C. Contribution by Check, Credit Card, or Direct Bill (This option is not available through your MI HR Self-Service account).

Complete the information below to make a one-time contribution. Enter total annual contribution amount(s) and Umbrella and/or Member Agency Code(s) in Section D.

- Make check payable to the specific organization(s) you choose, not SECC.
- Credit Card - \$20 minimum. [] MC [] VISA [] AMEX [] DISCOVER
Account #: _____ Exp. Date: ____ - ____
- Direct Bill. Please bill me [] One Time [] Quarterly [] Monthly

Billing Address for Credit Card and Direct Billing Contributions

Street: _____

City: _____ State: _____ Zip: _____

D. Contribution Designation (PLEASE PRINT LEGIBLY)

Please indicate the Umbrella Organization and optional Member Agency Code(s) to which you would like to donate. Additional instructions available on the back.

Umbrella Organization	Organization Code	Total Amount	➔	Member Agency(s)	Member Agency Code	Amount	Member Agency Code	Amount	Member Agency Code	Amount
	_____	\$ _____		_____	_____	\$ _____	_____	\$ _____	_____	\$ _____
Umbrella Organization	Organization Code	Total Amount	➔	Member Agency(s)	Member Agency Code	Amount	Member Agency Code	Amount	Member Agency Code	Amount
	_____	\$ _____		_____	_____	\$ _____	_____	\$ _____	_____	\$ _____
Umbrella Organization	Organization Code	Total Amount	➔	Member Agency(s)	Member Agency Code	Amount	Member Agency Code	Amount	Member Agency Code	Amount
	_____	\$ _____		_____	_____	\$ _____	_____	\$ _____	_____	\$ _____
Umbrella Organization	Organization Code	Total Amount	➔	Member Agency(s)	Member Agency Code	Amount	Member Agency Code	Amount	Member Agency Code	Amount
	_____	\$ _____		_____	_____	\$ _____	_____	\$ _____	_____	\$ _____

E. Acknowledgement of Contribution

- I wish to have my charitable gift acknowledged by the organization(s) I have designated above. I understand my address on file with the State of Michigan will be provided to the organization(s).

F. Authorization

If contributing by credit card, please send your form directly to the address indicated in Section C of the instructions on the back of this form, otherwise return to your SECC Volunteer (not your HR Office). Please make a copy of the completed form for your records.

Employee Signature

Date

INSTRUCTIONS FOR COMPLETING THE SECC CONTRIBUTION FORM

If you wish to make your contribution online using your MI HR Self-Service account, please go to www.michigan.gov/selfserv. If you do not have access to MI HR Self-Service you may also contact the MI HR Service Center at (877) 766-6447 or (517) 335-0529 to make a contribution. Web enrollment instructions are within the SECC Information and Code Directory and online in your MI HR Self-Service account.

SECTION A. General Information

- Enter your name, employee ID number, department, and phone number.
- Select one of the four campaign options and complete the sections indicated.

SECTION B. Contribution by Payroll Deduction - This section is used to designate the length of your payroll deduction.

- You may choose to have your payroll deduction continue for 26 pay periods each year until you elect to end them, or you may select a specific number (from 1 to 26) of pay periods for your payroll deduction to be taken.
- A worksheet is available if you would like to calculate your Total Annual Contribution.
- Proceed to Sections D, E, and F.

SECTION C. Contribution by Check, Credit Card, or Direct Bill - This section is to be used to designate a contribution by check, credit card, or direct bill.

- Checks must be made payable to the specific organization you choose, **not SECC**.
- **To make a contribution by credit card, please indicate credit card type (MC, Visa, American Express, or Discover), account number, expiration date, and billing address of the credit card. In order to ensure confidentiality, please return the contribution form with your credit card information directly to: Michigan Association of United Ways, Campaign Manager/Fiscal Agent, 1627 Lake Lansing Road, Suite B, Lansing, MI 48912.**
- If you would like to make a contribution by direct bill, please indicate your billing address and frequency of billing preferred.
- Proceed to Sections D, E, and F.

SECTION D. Contribution Designation - This section is used to designate the organization or agency to which your contributions will be donated. There are several ways to allocate your contribution(s). The SECC Information and Code Directory lists all of the Umbrella Organizations (United Ways and Federations) and their Member Agencies that are participating in this year's campaign. Each Umbrella Organization is identified by a four-character alpha-numeric code (beginning with either T or U) in the Directory. Specific Member Agencies are identified by a four-digit numeric code. If you would like to:

1. **Donate to an Umbrella Organization only** (Donations will be used to fund a variety of local charitable programs and member agencies.)
 - Locate the Umbrella Organization of your choice in the Code Directory (the directory also includes an index by county).
 - Enter the Umbrella Organization Code and total biweekly amount (or total contribution amount if making a one-time contribution) in the Umbrella Organization box.
 - Repeat the above two steps if more than one new Umbrella Organization Code is desired.
 - Proceed to the appropriate section as described in Section A.
2. **Donate to a specific Member Agency only** (Donations will be used to fund programs of the specified member agency.)
 - Locate the Umbrella Organization that your Member Agency falls under in the Code Directory.
 - Enter the Umbrella Organization Code and **total** biweekly amount (or total contribution amount if making a one-time contribution) in the Umbrella Organization box.
 - Enter the Member Agency Code and the biweekly amount (or total amount if making a one-time contribution) in the Member Agency box. Repeat if more than one Member Agency Code is desired under the same Umbrella Organization Code (maximum of eight). Your total contribution to Member Agencies may not exceed the total biweekly amount entered in the Umbrella Organization amount box.

Example (in this example, the employee is contributing \$10.00 to Member Agency 1234, \$12.00 to Member Agency 2341, and \$8.00 to Member Agency 3412):

Umbrella Organization	Organization Code	Total Amount	→	Member Agency	Member Agency Code	Amount	Member Agency Code	Amount	Member Agency Code	Amount
	T999	\$ 30.00			1234	\$ 10.00	2341	\$ 12.00	3412	\$ 8.00

- If you would like to donate to a specific Member Agency under a different Umbrella Organization, repeat the above steps on the next contribution designation line.
- Proceed to appropriate section as described in Section A.

3. **Donate to an Umbrella Organization and a specific Member Agency**

- Locate the Umbrella Organization of your choice in the Code Directory (the directory also includes an index by county).
- Enter the Umbrella Organization Code and **total** biweekly amount (or total contribution amount if making a one-time contribution) you will be giving to the organizations and agencies in the Umbrella Organization box.
- Enter the Member Agency Code and the biweekly amount (or total amount if making a one-time contribution) for the specified agency in the Member Agency box.
- Repeat the above two steps if more than one new Umbrella Organization Code is desired. The amount not designated to a Member Agency will remain with the Umbrella Organization indicated. Your total contribution to Member Agencies may not exceed the total biweekly amount entered in the Umbrella Organization amount box.

Example (in this example, the employee is contributing \$20.00 to Umbrella Organization T999, \$10.00 to Member Agency 5432, and \$10.00 to Member Agency 5234):

Umbrella Organization	Organization Code	Total Amount	→	Member Agency	Member Agency Code	Amount	Member Agency Code	Amount	Member Agency Code	Amount
	T999	\$ 40.00			5432	\$ 10.00	5234	\$ 10.00	_____	\$

- Proceed to the appropriate section as described in Section A.

SECTION E. Acknowledgement of Contribution

- Please check the box if you would like to receive an acknowledgement of your charitable gift directly from the organization(s) and proceed to Section F.

SECTION F. Authorization

- Please sign and date the contribution form. If contributing by credit card, please send your completed form to the fiscal agent, otherwise return to your SECC Volunteer (**not your HR Office**) and keep a copy for your records.