2016 SEFA/United Way Campaign Participation Form

All forms should be returned to:
Michele Lake • Stony Brook Cares Co-chair
Office of the Senior Vice President for Administration
221 Administration • Zip = 1002

Part 1

Name: ____________________________
Dept: ____________________________
Zip +4: __________________________

Part 2 “Give Your Way” by choosing one of the following convenient options:

☐ OPTION 1: 2017 Payroll Deduction

<table>
<thead>
<tr>
<th>Agency Code</th>
<th>Line No.</th>
<th>First Name, MI, Last Name</th>
<th>Stony Brook ID</th>
<th>Code</th>
</tr>
</thead>
</table>

A. 2017 BI-WEEKLY DOLLAR AMOUNT DEDUCTION:

☐ $40.00  ☐ $20.00  ☐ $10.00  ☐ $5.00  ☐ $1.00  ☐ Other: _______________

OR

B. TOTAL 2017 PAYROLL DEDUCTION: $ __________________________

(We will compute bi-weekly deduction; $500 - $999 enrolls in Cornerstone Club; $1000 or more in Pillars)

I hereby authorize a deduction in the amount indicated from each of my salary checks during the 2017 calendar year. I may revoke this authorization at any time by written notice.

Please Sign Here: __________________________

☐ OPTION 2: Check Contribution (Make check payable to United Way)

My check for the following is enclosed: $ __________________________

☐ OPTION 3: Charge Card or Security Donation

Amount: $ ________________  Exp Date: ___________

Card No: __________________________

Part 3 Designate your gift to the agencies of your choice:

You may specify one or more agencies (including those at our University) by writing the agency names (see brochure) and the amounts you wish to designate in the spaces provided.

| No. |  | A: Bi-weekly |  | B: Annual |
|-----|--------------------------|-----------------|-----------------|
| No. 1: |  | $ |  | $ |
| No. 2: |  | $ |  | $ |
| No. 3: |  | $ |  | $ |
| No. 4: |  | $ |  | $ |
| No. 5: |  | $ |  | $ |

I would like my gift(s) acknowledged at the following address:
_________________________________________________________________________________________________________________