

# State University of New York at Stony Brook

## 2008 Stony Brook Cares Campaign Participation Form

All forms should be returned to Bursar Office, Attn: SB Cares, 261 Admin., Z=1351

**Part 1**

**Name:** \_\_\_\_\_  
**Dept.:** \_\_\_\_\_  
**Zip+4:** \_\_\_\_\_

- State Employee - SEFA  
 21P - Faculty (if applicable)  
 Research Foundation - United Way  
 FSA - United Way

**Part 2**

**"GIVE YOUR WAY" BY CHOOSING ONE OF THE FOLLOWING CONVENIENT OPTIONS.**

**OPTION 1: PAYROLL DEDUCTION**

Agency Code	Line No.	First Name MI Last Name	Stony Brook ID	Code

**A. BI-WEEKLY DOLLAR AMOUNT DEDUCTION:**

- \$40.00     \$20.00     \$10.00     \$5.00     \$1.00     Other: \_\_\_\_\_

**OR**

**B. TOTAL 2009 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 2009 CALENDAR YEAR. I MAY REVOKE OR MODIFY THIS AUTHORIZATION AT ANY TIME BY WRITTEN NOTICE.

**PLEASE SIGN HERE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**OPTION 2: CHECK CONTRIBUTION** (MAKE CHECK PAYABLE TO - SEFA/United Way if State Employee Research and FSA MAKE PAYABLE TO United Way)

MY CHECK FOR THE FOLLOWING AMOUNT IS ENCLOSED: \$ \_\_\_\_\_

**OPTION 3: CHARGE CARD OR SECURITY DONATION** Amount \$ \_\_\_\_\_ Exp Date \_\_\_\_\_

**SIGN HERE** \_\_\_\_\_ Card No. \_\_\_\_\_

**Part 3**

**YOU MAY 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.

	A: BI-WEEKLY	OR	B: ANNUAL
No. 1: _____	\$ _____		\$ _____
No. 2: _____	\$ _____		\$ _____
No. 3: _____	\$ _____		\$ _____
No. 4: _____	\$ _____		\$ _____
No. 5: _____	\$ _____		\$ _____

I WOULD LIKE MY GIFT(S) ACKNOWLEDGED AT THE FOLLOWING ADDRESS:

\_\_\_\_\_