2018 SEFA Campaign Participation Form

Part 1

Name: 
Dept: 
Zip +4: 

FOR OFFICE USE ONLY:
State No:

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

☐ OPTION 1: 2019 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. 2019 BI-WEEKLY DOLLAR AMOUNT DEDUCTION: 
☐ $40.00 ☑ $20.00 ☑ $10.00 ☑ $5.00 ☑ $1.00 ☑ Other: _______________

OR

B. TOTAL 2019 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 2019 calendar year. I may revoke this authorization at any time by written notice.

Please Sign Here: ___________________________ Date: ___________________________

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

My check for the following is enclosed: $ ________________________________

☐ OPTION 3: Charge Card or Security Donation

Amount: $ __________________ Exp Date: __________ Card No: __________________________

Sign Here: ___________________________ 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. 1: ____________________________________________ $ ____________________ ☑ A: Bi-weekly ☐ or ☑ B: Annual ☐
No. 2: ____________________________________________ $ ____________________
No. 3: ____________________________________________ $ ____________________
No. 4: ____________________________________________ $ ____________________
No. 5: ____________________________________________ $ ____________________

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