2019 SEFA Campaign Participation Form

All forms should be returned to:
Nicole Pecchillo • Stony Brook Cares Manager
390 Administration • Zip = 0751

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: 2020 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. 2020 BI-WEEKLY DOLLAR AMOUNT DEDUCTION:

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

OR

B. TOTAL 2020 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 2020 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: ___________

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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Agency Name</th>
<th>A: Bi-weekly</th>
<th>or</th>
<th>B: Annual</th>
</tr>
</thead>
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I would like my gift(s) acknowledged at the following address:
_________________________________________________________________________________