# 2019 SEFA Campaign Participation Form

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

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## Part 1

<table>
<thead>
<tr>
<th>Name:</th>
<th>Dept:</th>
<th>Zip +4:</th>
</tr>
</thead>
</table>

- 21P - faculty (if applicable)

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## 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: ________________________________

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## 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. | Agency Name | Amount [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: