

2019 SEFA Campaign Participation Form

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



Part 1 State Employees

Name: _____	<input type="checkbox"/> 21P - faculty (if applicable)
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

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

A. 2020 BI-WEEKLY DOLLAR AMOUNT DEDUCTION:
 \$40.00 \$20.00 \$10.00 \$5.00 \$1.00 Other: _____

OR

B. TOTAL 2020PAYROLL 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.

	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:
