

SEFA Campaign Participation Form

All forms should be returned to:
sefa@stonybrook.edu or
 SEFA Coordinator
 221 Administration Building
 Zip 1002



Part 1

FSA

Name: Dept: Zip +4:	FOR OFFICE USE ONLY: State No:
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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 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 2023 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: \$ _____

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:
