

DONOR CONTRIBUTION FORM



Please print the following information:

_____ Mr. / Mrs. / Ms.
 Last Name First Name

_____ City
 State Agency

_____ Social Security Number OR Employee ID

ANNUAL CONTRIBUTION: Fill in the blank showing the amount of your payroll deduction and the total of your annual contribution.

___ \$5 ___ \$10 ___ \$15 ___ \$20 ___ \$25 ___ \$ _____	x 12 pay periods x 26 pay periods	=	_____	CODE _____ _____	ANNUAL AMOUNT _____ _____
OR					
ONE-TIME CONTRIBUTION: Fill in the blank showing the amount of your cash or check contribution and the total of your one-time contribution. ___ Cash ___ Check (payable to SCC) for a total of \$ _____				Specify the agency(ies) you wish to support using the code from the list provided. Then, indicate the portion of your total gift the organization should receive.	

Your gift is tax deductible in the year paid. SCC agencies do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DONOR ACKNOWLEDGEMENT: At your request, SCC will notify the organizations you designated of your support.

___ Yes, I would like to receive an acknowledgement from the agencies I have designated. Please release the following contact and amount information:

_____ Home Street Address

_____ City, State, Zip

_____ E-mail address

_____ Amount

___ No, I do not want to receive an acknowledgement.

_____ Donor Signature _____ Date

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