

## State Employees Charitable Campaign Contribution Form

Contributions by payroll deduction can be made through your MI HR Self-Service Account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) or by contacting the MI HR Service Center at (877) 766-6447 or 711 (for Michigan Relay). Online pledges DO NOT require a form. Contributions by check can only be made by using this form. To give by credit card or debit card via PayPal, visit [www.misec.org](http://www.misec.org) and click "Donate Now"!

### A. General Information (PLEASE PRINT LEGIBLY)

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Department: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
 Staff Activity/Event (if applicable): \_\_\_\_\_ Total Number of Staff Participation (if applicable): \_\_\_\_\_

**Please choose one of the following options:**

- I choose to continue my current payroll deduction with no changes. Complete sections A, B, E, and F.
- I choose to start a new or modify my current payroll deduction (this will replace any previous contribution designations). Complete sections A, B, D, E, and F.
- I choose to make a one-time contribution by check or credit card. Complete sections A, C, D, E, and F.
- I choose to discontinue my current payroll deduction. Complete sections A and F.

If you are not a current giver and do not wish to contribute, do not return this form.

### B. Contribution by Payroll Deduction

I authorize the following deduction to begin the first payday in January:

- I would like my payroll deduction to continue every pay period each year until I elect to end it.
- I would like my payroll deduction to continue for \_\_\_\_\_ (1-26) pay periods.

*Total Annual Contribution Worksheet*

|   |
|---|
| Amount \$ _____ per pay period x _____ pay periods = \$ _____ Total Annual Contribution |
|---|

### C. Contribution by Check or Credit Card (This option is not available through your MI HR Self-Service account).

Complete the information below to make a one-time contribution. Enter total annual contribution amount(s) and Umbrella and/or Member Charity Code(s) in Section D.

- Make check payable to the specific organization(s) you choose, **not SECC**. See instructions on page 2 for this section.

#### Billing Address for Credit Card Contributions

Credit Card (\$20 minimum) \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER Street: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 See instructions on page 2 for this section. 3-digit CSV code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### D. Contribution Designation (PLEASE PRINT LEGIBLY)

Please indicate the Umbrella Organization (4-digit code) and optional Member Charity Code(s) (4-digit code) to which you would like to donate. Additional instructions are available on the back of this form.

| Umbrella Organization | Organization Code | Total Amount | ➔ | Member Charity(ies) | Member Charity Code | Amount   | Member Charity Code | Amount   | Member Charity Code | Amount   |
|-----------------------|-------------------|--------------|---|---------------------|---------------------|----------|---------------------|----------|---------------------|----------|
|                       |                   | \$ _____     |   |                     |                     | \$ _____ |                     | \$ _____ |                     | \$ _____ |
|                       |                   | \$ _____     |   |                     |                     | \$ _____ |                     | \$ _____ |                     | \$ _____ |
|                       |                   | \$ _____     |   |                     |                     | \$ _____ |                     | \$ _____ |                     | \$ _____ |
|                       |                   | \$ _____     |   |                     |                     | \$ _____ |                     | \$ _____ |                     | \$ _____ |

### E. Acknowledgement of Contribution

- I wish to have my charitable gift acknowledged via mail by the organization(s) I have designated above. I understand my address on file with the State of Michigan will be provided to the organization(s).

### F. Authorization

**If contributing by credit card, please send your form directly to the address indicated in Section C of the Instructions on page 2 of this form, otherwise return to your SECC Volunteer (not your HR Office).**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR COMPLETING THE SECC CONTRIBUTION FORM

If you wish to make your contribution online using your MI HR Self-Service account, please go to [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). If you do not have access to MI HR Self-Service you may also contact the MI HR Service Center at (877) 766-6447 or 711 (for Michigan Relay) to make a contribution. Enrollment instructions can be found online at [www.misecc.org](http://www.misecc.org) or in your MI HR Self-Service account.

### SECTION A. General Information

- Enter your name, employee ID number, Department, and phone number. If donations were raised by multiple staff in your department, list the activity and approximate number of staff who participated in the appropriate box.
- Select one of the four campaign options and complete the sections indicated.

### SECTION B. Contribution by Payroll Deduction - This section is used to designate the length of your payroll deduction.

- You may choose to have your payroll deduction continue for 26 pay periods each year until you elect to end them, or you may select a specific number (from 1 to 26) of pay periods for your payroll deduction to be taken.
- A worksheet is available if you would like to calculate your Total Annual Contribution.
- Proceed to Sections D, E, and F.

### SECTION C. Contribution by Check or Credit Card - This section is to be used to designate a contribution - by check or credit card.

- Checks must be made payable to the specific organization you choose, **not SECC**.
- To make a contribution by credit card, please indicate credit card type (MC, Visa, AMEX or Discover), account number, expiration date, and billing address of the credit card. In order to ensure confidentiality, please return the contribution form with your credit card information directly to: **Michigan Association of United Ways, SECC Fiscal Agent/Campaign Director, 330 Marshall Street, Suite 211, Lansing, MI 48912**.
- Proceed to Sections D, E, and F.

### SECTION D. Contribution Designation - This section is used to designate the organization or member charity to which your contributions will be donated. There are several ways to allocate your contribution(s). The SECC Charity Listing & Resource Guide lists all of the Umbrella Organizations and their Member Charities that are participating in this year's campaign. Each Umbrella Organization is identified by a four-character alpha-numeric code (beginning with either T or U) in the Guide. Specific Member Charities are identified by a four-digit numeric code. If you would like to:

#### 1. Donate to an Umbrella Organization only (Donations will be used to fund a variety of local charitable programs and member charities.)

- Locate the Umbrella Organization of your choice in the Charity Listing & Resource Guide.
- Enter the Umbrella Organization Code and total biweekly amount (or total contribution amount if making a one-time contribution) in the Umbrella Organization box.
- Repeat the above two steps if more than one new Umbrella Organization Code is desired.
- Proceed to the appropriate section as described in Section A.

#### 2. Donate to a specific Member Charity only (Donations will be used to fund programs of the specified member charity.)

- Locate the Umbrella Organization that your Member Charity falls under in the Charity Listing & Resource Guide.
- Enter the Umbrella Organization Code and total biweekly amount (or total contribution amount if making a one-time contribution) in the Umbrella Organization box.
- Enter the Member Charity Code and the biweekly amount (or total amount if making a one-time contribution) in the Member Charity box. Repeat if more than one Member Charity Code is desired under the same Umbrella Organization Code (maximum of eight). Your total contribution to Member Agencies may not exceed the total biweekly amount entered in the Umbrella Organization amount box.

Example (in this example, the employee is contributing \$10.00 to Member Charity 1234, \$12.00 to Member Charity 2341, and \$8.00 to Member Charity 3412):

|                       |                   |                 |   |                |                     |                 |                     |                 |                     |                |
|-----------------------|-------------------|-----------------|---|----------------|---------------------|-----------------|---------------------|-----------------|---------------------|----------------|
| Umbrella Organization | Organization Code | Total Amount    | → | Member Charity | Member Charity Code | Amount          | Member Charity Code | Amount          | Member Charity Code | Amount         |
|                       | <b>T999</b>       | <b>\$ 30.00</b> |   |                | <b>1234</b>         | <b>\$ 10.00</b> | <b>2341</b>         | <b>\$ 12.00</b> | <b>3412</b>         | <b>\$ 8.00</b> |

- If you would like to donate to a specific Member Charity under a different Umbrella Organization, repeat the above steps on the next contribution designation line.
- Proceed to appropriate section as described in Section A.

#### 3. Donate to an Umbrella Organization and a specific Member Charity

- Locate the Umbrella Organization of your choice in the Charity Listing & Resource Guide.
- Enter the Umbrella Organization Code and **total** biweekly amount (or total contribution amount if making a one-time contribution) you will be giving to all organizations and agencies in the Umbrella Organization box.
- Enter the Member Charity Code and the biweekly amount (or total amount if making a one-time contribution) for the specified charity in the Member Charity box.
- Repeat the above two steps if more than one new Umbrella Organization Code is desired. The amount not designated to a Member Charity will remain with the Umbrella Organization indicated. Your total contribution to Member Charities may not exceed the total bi-weekly amount entered in the Umbrella Organization amount box.

Example (in this example, the employee is contributing \$20.00 to Umbrella Organization T999, \$10.00 to Member Charity 5432, and \$10.00 to Member Charity 5234):

|                       |                   |                 |   |                |                     |                 |                     |                 |                     |        |
|-----------------------|-------------------|-----------------|---|----------------|---------------------|-----------------|---------------------|-----------------|---------------------|--------|
| Umbrella Organization | Organization Code | Total Amount    | → | Member Charity | Member Charity Code | Amount          | Member Charity Code | Amount          | Member Charity Code | Amount |
|                       | <b>T999</b>       | <b>\$ 40.00</b> |   |                | <b>5432</b>         | <b>\$ 10.00</b> | <b>5234</b>         | <b>\$ 10.00</b> | — — — —             | \$     |

- Proceed to the appropriate section as described in Section A.

### SECTION E. Acknowledgement

The SECC Steering Committee will send an acknowledgement of your pledge via email. Please check the box if you would like to receive an acknowledgement of your charitable gift directly from the organization(s) and proceed to Section F.

### SECTION F. Authorization

Please sign and date the contribution form. Return your completed form to your SECC Volunteer OR mail to **ATTN: MI-HR Service Center; P.O. Box 30002; Lansing, MI 48909**. Keep a copy of this form for your records. Visit [www.misecc.org](http://www.misecc.org) for more information.