



TOGETHER WE CARE
State Employee Charitable Campaign

20____ SECC Envelope

INSTRUCTIONS:

- Complete all information. Print clearly to reduce errors in processing.
- Campaign envelope totals must balance to envelope's contents.
- Do not include totals from previous campaign envelopes.
- Enclose yellow copies of all pledge forms.

(FOR FISCAL USE ONLY)

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ENVELOPE #

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ORGANIZATION #

ENVELOPE TYPE:

- PLEDGE
 PAYMENT
 ADJUSTMENT
 ELECTRONIC

STATE AGENCY (PLEASE PRINT)

COORDINATOR NAME AND TITLE (PLEASE PRINT)

() -

COORDINATOR SIGNATURE

PHONE NUMBER

EXT.

DATE SUBMITTED TO SECC

NOTES:

GIFT TYPE	# OF GIFTS	\$ PLEDGED (A)	\$ ENCLOSED (B)	BALANCE DUE (A - B)	PASS THROUGH (FOR FISCAL USE ONLY)
PAYROLL			0 00		
CASH				0 00	
CHECK				0 00	
SPECIAL EVENT - CASH				0 00	
SPECIAL EVENT - CHECK				0 00	
CREDIT / DEBIT CARD			0 00		
	TOTAL # OF GIFTS	TOTAL \$ PLEDGED	TOTAL \$ ENCLOSED	TOTAL BALANCE DUE	
TOTAL					

FOR SECC STAFF USE ONLY:

_____	_____	Date: _____	By: _____
SECC Staff Signature (RD)	Date Submitted	Envelope _____	Creation Deposit _____
_____	_____	Data Entry _____	Audit _____
SECC Staff (IS)	Date Received		

**STATE
EMPLOYEE
CHARITABLE
CAMPAIGN**