

2018 UGA CAMPAIGN FOR CHARITIES CONTRIBUTION FORM



Employee ID Number	Dept	Paytype
Employee Name		
Home Department		
• ALL EMPLOYEES SHOULD ENTER COUNTY OF RESIDENCE •		
County of Residence (optional)		

INSTRUCTIONS

1. An employee may designate organizations as the recipients of his/her contribution. If an organization receives less than 10 designations from all State of Georgia employees, the State Charitable Contributions Program will distribute these funds among all eligible organizations in the same proportion as the total designations from all State employees.
2. The minimum payroll deduction contribution is \$1.00 per month per organization selected. Payroll deductions will be made once a month. An employee who is paid every two weeks will have a deduction from the second paycheck each month. Semester employees will have ten monthly deductions. All other employees will have twelve monthly deductions. Signature is required for payroll deduction.
3. Please complete this contribution form and return it to your UGA Campaign for Charities Captain in a sealed envelope. Your pledge form will remain sealed until it is processed by the UGA Budget Office so that whether or not you choose to participate and at what level will remain strictly confidential. Even if you choose not to participate, we would appreciate it if you would return the form to your Captain so that we can monitor the progress of the campaign.
4. Administrative costs for the 2017 State Charitable Contributions Program were 19% of contributions from all state agencies.
5. If you have a disability and need this material in an alternative format, please notify the Budget Department at 706-542-2802.

CONTRIBUTION TOTALS

PAYROLL DEDUCTION _____ AMOUNT PER MONTH X 12 = _____ ANNUAL CONTRIBUTION (12-Month Employees, includes Salaried Biweekly and Hourly) X 10 = _____ ANNUAL CONTRIBUTION (Semester Employees)	
I authorize The University of Georgia to deduct the amount indicated for each month beginning January 2018, unless payment is enclosed.	
_____ Date _____	
• SIGNATURE REQUIRED IN INK FOR PAYROLL DEDUCTION •	
CHECK OR CASH CONTRIBUTION TOTAL AMOUNT _____	
• PLEASE MAKE CHECKS PAYABLE TO UGA CAMPAIGN FOR CHARITIES •	

THE CHOICE IS YOURS

AGENCY NUMBER FROM BROCHURE	PAYROLL DEDUCTION PER MONTH	CASH OR CHECK ENCLOSED	AGENCY NUMBER FROM BROCHURE	PAYROLL DEDUCTION PER MONTH	CASH OR CHECK ENCLOSED
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If you desire an acknowledgment of your contribution to be sent to the charitable organization designated, attach the Contribution Acknowledgment Request form located at the web address <http://charities.uga.edu>. A letter of acknowledgment will be submitted at the end of the campaign to the charitable organization by the State Charitable Contributions program.

AN ACKNOWLEDGMENT WILL BE SENT TO ALL EMPLOYEES WHO CONTRIBUTE
IN A SEALED ENVELOPE MARKED "CONFIDENTIAL"

FOR ELECTRONIC SUBMISSION GOTO <https://campaign.uga.edu>

IF NOT SUBMITTING ELECTRONICALLY PLEASE RETURN THE ORIGINAL FORM. (COPY FOR YOUR USE AS NEEDED.)