

2023 UGA CAMPAIGN FOR CHARITIES CONTRIBUTION FORM



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. Please complete this contribution form and return it to the University Budget Office. Your pledge form will remain sealed until it is processed by the University 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 the University Budget office so that we can monitor the progress of the campaign.

EMPLOYEE NAME

EMPLOYEE ID NUMBER

DEPARTMENT

PAY GROUP

HOME DEPARTMENT

COUNTY OF RESIDENCE (REQUIRED FOR ALL EMPLOYEES)

CONTRIBUTION TOTALS

Payroll Deduction

\$ _____
PER PAY PERIOD

I authorize The University of Georgia to deduct the amount indicated per pay period beginning January 2023, unless payment is enclosed.

SIGNATURE REQUIRED IN INK FOR PAYROLL DEDUCTION

DATE

(1) Time Contribution (Check Only)

\$ _____
TOTAL AMOUNT

Please make checks payable to UGA Campaign for Charities

Administrative costs for the 2021-2022 State Charitable Contributions Program were 29% of the contributions from all state agencies.

The minimum payroll deduction contribution is \$1.00 per pay period per organization selected. An employee who is paid biweekly will have deductions from the first two checks of each month. Semester employees will have ten monthly deductions. All other employees will have twelve monthly deductions. Signature is required for payroll deduction.

If you have a disability and need this material in an alternative format, please notify the University Budget Office at 706-542-2802.

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.

THE CHOICE IS YOURS

AGENCY NUMBER
FROM BROCHURE

PAYROLL DEDUCTION
PER MONTH

CHECK
ENCLOSED

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

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

FOR ELECTRONIC SUBMISSION GO TO [CHARITIES.UGA.EDU](http://charities.uga.edu)

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