

**The CUNY  
Campaign for  
Voluntary  
Charitable Giving  
2005-2006**

**P l e d g e F o r m**

Please check one:

City Payroll Employee     State Payroll Employee

Your contribution is tax-deductible. Please print clearly.

For Payroll Dept. Use Only

AGENCY CODE

LINE NO.

EMPLOYEE NAME (First, MI, Last) (Please print)

COLLEGE

DEPARTMENT

SOCIAL SECURITY NUMBER

8 | 9 | 7

NAME OF CAPTAIN:

**A. PAYROLL DEDUCTION**

Continuous Payroll Deduction — I proudly pledge the following for each pay period until further notice.\*

I proudly pledge the following for each pay period in 2005.

\$ \_\_\_\_\_ (amount of your choice) per pay period

\$40.00 per pay period

\$15.00 per pay period

\$8.00 per pay period

\$20.00 per pay period

\$12.00 per pay period

\$5.00 per pay period

**B. I wish to make a one-time contribution.**

Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to The CUNY Campaign.

\* I authorize the State Comptroller to deduct from each paycheck the amount indicated at left. This deduction may be cancelled at any time by written notice to the agency payroll office or the State Comptroller.

**No Audit or Control Keypunch below this line.**

Please complete either C or D.

**C. I designate my total contribution to The CUNY Campaign.**

I understand this means it will be shared by all of the participating charitable organizations.

Code # 0 | 1 | 0 | 0

If yes, please check

**D. I designate my contribution to the following nonprofit organization(s):**

Code #

Code #

Code #

Code #

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

per pay period

per pay period

per pay period

per pay period

**E.**

SIGNATURE (Please sign)

DATE

**F. I would like the designated nonprofit organization(s) to acknowledge my gift.**

Yes

No

**G. I would like the following organization to be considered for inclusion in next year's campaign.**

HOME ADDRESS

NAME OF ORGANIZATION

CITY, STATE, ZIP

ORGANIZATION'S ADDRESS

**THANK YOU!**

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Prepared by:

ACTION CODE  DOC NO. \_\_\_\_\_

PLEASE PRINT NAME

DATE

SSN \_\_\_\_\_

SIGNATURE

TELEPHONE

CD  JSN  PAYROLL NO. \_\_\_\_\_

REVIEWER'S SIGNATURE

DATE

EFFECTIVE DATE \_\_\_\_\_

KEY ENTRY OPERATOR'S SIGNATURE

DATE

EXPIRATION DATE \_\_\_\_\_

DEDUCTION CODE 7 | 5 | 7 | 0

7 | 5 | 7 | 1

7 | 5 | 7 | 2

7 | 5 | 7 | 3

PMS 25

PAYEE CODE REPORT 0 | \_\_\_\_\_

0 | \_\_\_\_\_

0 | \_\_\_\_\_

0 | \_\_\_\_\_

DEDUCTION AMT.+ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE CUNY CAMPAIGN SWEEPSTAKES ENTRY FORM**

EMPLOYEE NAME

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PMS 25

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DEDUCTION AMT.+ \_\_\_\_\_

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