

Higher-Education Authorization Form

Account# _____
(office use only)

State Employee Charitable Campaign

Ms. Smith Alice R
Name — Prefix Last First MI
 2304 N. Coit Rd.
Mailing Address
 Dallas TX 75080
City / State / ZIP
 asmith@utdallas.edu
E-mail Address

UTD
University
 Business Affairs
College or Division
 Finance
Department
 972-883-0000
Work Phone

ACKNOWLEDGEMENT:

Select **ONLY ONE** of the following options if you wish to receive acknowledgement for your gift. If you select both options, only option #2 will be given effect.

I wish my gift (but not the amount) to be acknowledged by the charity(ies) I have designated. (HOME ADDRESS REQUIRED)

I wish the amount of my gift to be acknowledged by the charity(ies) I have designated. By choosing this option, I understand the amount of my gift becomes public information. I expressly waive confidentiality and authorize the release of information indicating the amount of my gift. (HOME ADDRESS REQUIRED)

2304 N Coit Rd Dallas TX 75080
Home Address (REQUIRED) City Zip

HOW I WISH TO DISTRIBUTE MY GIFT ... minimum donation per charitable group is \$2:

DESIGNATED GIFTS: **EACH CHARITY HAS A SIX-DIGIT CODE**; the first two digits correspond to its charitable group. To designate one or more charities or federated groups that appear in the directory provided, fill in the charity or federation six-digit identification number(s) and dollar amount(s).

***** IMPORTANT: Make certain the total of the "GIFT AMOUNT" boxes equals the total in either the "TOTAL MONTHLY GIFT" or "TOTAL ONE-TIME GIFT" box (below). *****

280044 → \$ 500	→ \$	→ \$
<small>Charity Code</small>	<small>Gift Amount</small>	<small>Charity Code</small>
→ \$	→ \$	→ \$
<small>Charity Code</small>	<small>Gift Amount</small>	<small>Charity Code</small>

PAYMENT OPTIONS ... please select one:

PAYROLL DEDUCTION
(complete authorization below)

TOTAL MONTHLY GIFT (total all "gift amount" boxes above) X **PAY PERIODS PER YEAR:** = **TOTAL ANNUAL GIFT**

\$ _____ ○9 ○12 = \$ _____

AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize the monthly deduction from my after tax wages for a charitable contribution as indicated above. I understand that this authorization automatically expires with the November pay period of each year. I also understand that I may revoke this authorization at any time by giving my payroll office written notice. I have read and understood the "Distribution of Your Contribution" information on the back of this form.

UTD ID - 11235670 Alice Smith 9/16/06
Social Security # Employee Signature Date

ONE-TIME GIFT (CASH or CHECK) ... attach; make check payable to State Employee Charitable Campaign.

TOTAL ONE-TIME GIFT
(total all "gift amount" boxes above)
 \$ 500.00