

# UB Employees Campaign for the Community

*Together, we will.*

## Part 1: My Information

Name: \_\_\_\_\_ Entity #: \_\_\_\_\_  
 Department: \_\_\_\_\_ **Person#** (required): \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ Last year's contribution: \_\_\_\_\_  
 Campus Email: \_\_\_\_\_ Form of gift: \_\_\_\_\_  
 Number of pay periods (if applicable): \_\_\_\_\_  
**Per pay period** deduction in 2021 (if applicable): \_\_\_\_\_

## Part 2: My Decision

*Your contribution is tax deductible!*

### PLEASE CHOOSE ONE OF THE FOLLOWING GIVING OPTIONS

I authorize the deduction of the following amount from each of my biweekly paychecks during the 2022 calendar year.

- ☐ \$40 per pay period   
 ☐ \$20 per pay period   
 ☐ \$10 per pay period   
 ☐ \$5 per pay period  
☐ \$2 per pay period   
 ☐ Other amount per pay period \$ \_\_\_\_\_ (please specify in dollars and cents)

OR

I authorize the deduction of the following total percentage from my biweekly paychecks during the 2022 calendar year.

- ☐ 1% of my gross pay   
 ☐ 2% of my gross pay   
 ☐ Other \_\_\_\_\_ % of my gross pay

OR

☐ I pledge a total gift of \$ \_\_\_\_\_ to the campaign (contributions are acknowledged for the calendar year in which they are made.)

☐ Credit Card - you will be contacted for your Visa, MasterCard or Discover card number

☐ A Check - Please make checks payable to SEFA

☐ Billing option - please bill the balance ☐ Annually ☐ Quarterly ☐ Monthly

OR

### No, Thank You

☐ I have decided not to give to this year's campaign. I give to the community in other ways.

## Part 3: My Choices Undesignated gifts will be distributed by the local SEFA Committee in accordance with State Regulations

**I would like my gift to go to the following agencies.**

(See the SEFA directory for agency listings. Please attach a separate sheet if you wish to designate to more than three agencies.)

Agency Number	Agency Name	Annual Amount Designated
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

☐ I authorize the release of my name, home mailing or personal email address and amount of my gift to the organization(s) I have designated so they may acknowledge my donation.

Home or Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip Code: \_\_\_\_\_

## Part 4: My Signature (REQUIRED FOR ALL CONTRIBUTIONS)

*Thank you for participating!*

### Signature (required)

Date

Please send your paper pledge form via campus mail to: Employees Campaign for the Community OR  
 UB Foundation  
 Center for Tomorrow  
 North Campus

via US Mail to: Employees Campaign for the Community  
 UB Foundation  
 P.O. Box 900  
 Buffalo, NY 14226-0900

To donate online or for more information, please visit: [buffalo.edu/ubcares/sefa](http://buffalo.edu/ubcares/sefa)  
 or contact the United Way at 716-887-2758 or [customerservice@uwbec.org](mailto:customerservice@uwbec.org)

