

State Employee Charitable Campaign  
**TOGETHER WE CARE**



**TEXAS TECH**  
UNIVERSITY.

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# SECC Coordinator Training



# What is SECC?

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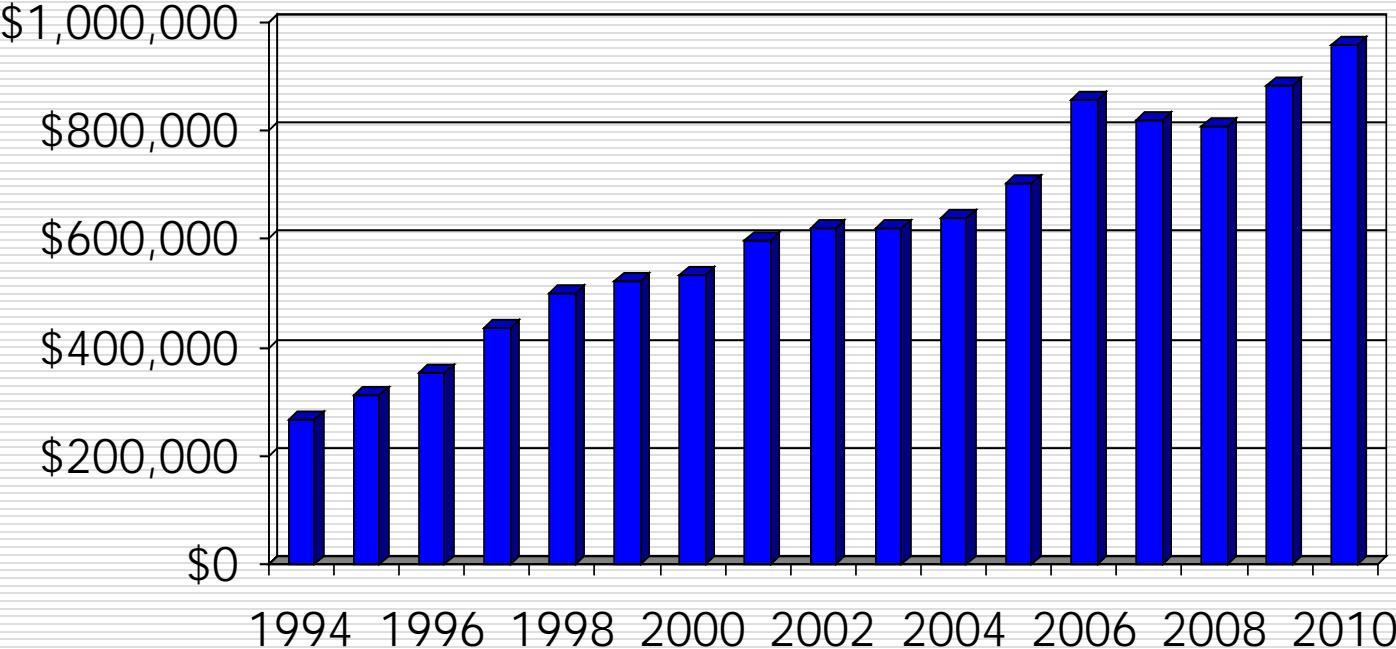
Thanks to legislation that created the State Employee Charitable Campaign in 1993, state agency and university employees in Texas enjoy the benefits of giving to many of their favorite charities through an annual workplace giving campaign which features the convenience of payroll deduction.

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# Greater West Texas Results

(The Lubbock Area has combined with Midland, Odessa and Abilene)

**\$957,514 in 2010**



# 2010 Campaign Results: TTU

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Participation 40%  
(2011 Goal: 45%)

Percent of Goal 89%  
(2011 Goal: 100%)

Total TTU Gifts \$458,450

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# **2011 Campaign Goal: TTU**

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**\$455,000**

(Individual department goals are available on the SECC website)

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# Coordinator Duties

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- ❑ Distribute campaign materials to co-workers.
  - ❑ Educate your co-workers about the SECC.
  - ❑ Promote payroll deduction as an easy and efficient method of giving.
  - ❑ Coordinate, plan, and host employee meetings.
  - ❑ Coordinate with the university campaign coordinator to utilize agency speakers.
  - ❑ Collect pledge forms and complete summary reports.
  - ❑ Deliver summary reports and completed pledge forms to the university campaign coordinator.
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# Campaign Best Practices

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- Educate yourself as much as possible.
  - Know your resources.
  - Make your pledge first.
  - Make it fun!
  - Contact each individual personally.
  - Encourage payroll deduction.
  - Make the ask.
  - Say "THANK YOU"!
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# Resources

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- *Speakers Bureau*
    - Over 45 speakers available from over 25 different local agencies.
  - *Online*
    - [www.secctexas.org](http://www.secctexas.org)
    - [www.secc.ttu.edu](http://www.secc.ttu.edu)
  - *SECC Video*
  - *SECC Print Materials*
    - Campaign Directory
    - Coordinator Guide
    - Annual Report
  - *Incentives*
  - *University Campaign Coordinator*

David Abercia | 742-2121 | [david.abercia@ttu.edu](mailto:david.abercia@ttu.edu)
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# SECC Agency Brochure

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- ❑ All charities in the campaign must meet strict eligibility criteria.
  - ❑ They range from small local organizations to large and well-known national and international groups.
  - ❑ They are nonprofit health and human services organizations.
  - ❑ They spend no more than 25% of funds on administration and fund raising.
  - ❑ Keep the directory as a reference for help later.
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# Pledge Form

**Important:**

Social  
Security#:

Use R#

Agency  
Name/Number:

Texas Tech 733

**SECC Authorization Form** Account# \_\_\_\_\_

Name (Prefix) Last First MI State Agency Name AND Number  
Social Security Number Dept./Unit # / Facility / Location  
Work Phone County  
Email Address SECC Coordinator's Name SECC Coordinator's 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)

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 ... The subtotal of the three charitable groups (1+2+3) MUST MATCH the amount in either the "TOTAL MONTHLY GIFT" box or the "TOTAL ONE-TIME GIFT" box.**

first two digits must match Charity Code → \$ Gift Amount	first two digits must match Charity Code → \$ Gift Amount	first two digits must match Charity Code → \$ Gift Amount
first two digits must match Charity Code → \$ Gift Amount	first two digits must match Charity Code → \$ Gift Amount	first two digits must match Charity Code → \$ Gift Amount
first two digits must match Charity Code → \$ Gift Amount	first two digits must match Charity Code → \$ Gift Amount	first two digits must match Charity Code → \$ Gift Amount

CHARITABLE GROUP SUBTOTAL #1 \$ + CHARITABLE GROUP SUBTOTAL #2 \$ + CHARITABLE GROUP SUBTOTAL #3 \$

**PAYMENT OPTIONS ... please select one:**

**PAYROLL DEDUCTION** (complete authorization below)  
**TOTAL MONTHLY GIFT** (total of 3 group subtotals above) \$ \_\_\_\_\_ X **PAY PERIODS PER YEAR** 12 = **TOTAL ANNUAL GIFT** (total monthly gift x 12 pay periods) \$ \_\_\_\_\_

AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules. I agree to comply with the Comptroller's rules concerning this deduction. I have read and understood the "Distribution of Your Contribution" information on the back of this form.

Authorized Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ Effective Date \*\* \_\_\_\_\_

**ONE-TIME GIFT (CASH or CHECK) ... attach; make check payable to State Employee Charitable Campaign.**  
**TOTAL ONE-TIME GIFT** (total of 3 group subtotals above) \$ \_\_\_\_\_

white copy = PAYROLL OFFICE yellow copy = LOCAL CAMPAIGN MANAGER (in report envelope) pink copy = EMPLOYEE

Donor  
Information

# Pledge Form

## Important:

If neither option is selected, the donor will remain anonymous for ALL purposes related to the campaign.

**SECC Authorization Form** Account# \_\_\_\_\_

Name (Prefix) Last First MI State Agency Name AND Number  
Social Security Number Dept./Unit # / Facility / Location  
Work Phone County  
Email Address SECC Coordinator's Name SECC Coordinator's 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)

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 ... The subtotal of the three charitable groups (1+2+3) MUST MATCH the amount in either the "TOTAL MONTHLY GIFT" box or the "TOTAL ONE-TIME GIFT" box.**

first two digits of all charities within this group must match	first two digits of all charities within this group must match	first two digits of all charities within this group must match
Charity Code → \$ Gift Amount	Charity Code → \$ Gift Amount	Charity Code → \$ Gift Amount
Charity Code → \$ Gift Amount	Charity Code → \$ Gift Amount	Charity Code → \$ Gift Amount
Charity Code → \$ Gift Amount	Charity Code → \$ Gift Amount	Charity Code → \$ Gift Amount

CHARITABLE GROUP SUBTOTAL #1 \$ + CHARITABLE GROUP SUBTOTAL #2 \$ + CHARITABLE GROUP SUBTOTAL #3 \$

**PAYMENT OPTIONS ... please select one:**

**PAYROLL DEDUCTION** (complete authorization below)

TOTAL MONTHLY GIFT (total of 3 group subtotals above) \$ \_\_\_\_\_ X PAY PERIODS PER YEAR 12 = TOTAL ANNUAL GIFT (total monthly gift x 12 pay periods) \$ \_\_\_\_\_

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Authorized Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ Effective Date \*\* \_\_\_\_\_

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

TOTAL ONE-TIME GIFT (total of 3 group subtotals above) \$ \_\_\_\_\_

white copy = PAYROLL OFFICE yellow copy = LOCAL CAMPAIGN MANAGER (in report envelope) pink copy = EMPLOYEE

## Acknowledgement Section

Must be filled out to be acknowledged on Leadership Givers list

# Pledge Form

## Important:

The first two numbers of the charity code must match if they are in the same vertical column.

**SECC Authorization Form** Account# \_\_\_\_\_

Name (Prefix) Last First MI State Agency Name AND Number  
 Social Security Number Dept./Unit # / Facility / Location  
 Work Phone County  
 Email Address SECC Coordinator's Name SECC Coordinator's 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)

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 ... The subtotal of the three charitable groups (1+2+3) MUST MATCH the amount in either the "TOTAL MONTHLY GIFT" box or the "TOTAL ONE-TIME GIFT" box.**

first two digits of all charities within this group must match	first two digits of all charities within this group must match	first two digits of all charities within this group must match
<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount	<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount	<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount
<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount	<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount	<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount
<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount	<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount	<input type="text"/> <input type="text"/> → \$ <input type="text"/> Charity Code → Gift Amount
<b>CHARITABLE GROUP SUBTOTAL #1</b> \$ <input type="text"/>	<b>+ CHARITABLE GROUP SUBTOTAL #2</b> \$ <input type="text"/>	<b>+ CHARITABLE GROUP SUBTOTAL #3</b> \$ <input type="text"/>

**PAYROLL DEDUCTION** (complete authorization below)

**TOTAL MONTHLY GIFT** (total of 3 group subtotals above) \$  X **PAY PERIODS PER YEAR** 12 = **TOTAL ANNUAL GIFT** (total monthly gift x 12 pay periods) \$

AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules. I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

Authorized Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ Effective Date \*\* \_\_\_\_\_

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

**TOTAL ONE-TIME GIFT** (total of 3 group subtotals above) \$

white copy = PAYROLL OFFICE yellow copy = LOCAL CAMPAIGN MANAGER (in report envelope) pink copy = EMPLOYEE

## Designation Information

Any funds unallocated will not be accepted for payroll deduction.

# Pledge Form

SECC Authorization Form

Account# \_\_\_\_\_  
write on info

Name (Prefix) Last First MI

Social Security Number

Work Phone

Email Address

State Agency Name AND Number

Dept./Unit # / Facility / Location

County

SECC Coordinator's Name

SECC Coordinator's 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)

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 ... The subtotal of the three charitable groups (1+2+3) MUST MATCH the amount in either the "TOTAL MONTHLY GIFT" box or the "TOTAL ONE-TIME GIFT" box.**

first two digits must match	first two digits must match	first two digits must match
<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>	<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>	<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>
<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>	<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>	<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>
<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>	<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>	<input type="text"/> → \$ <input type="text"/> <small>Charity Code</small> → <small>Gift Amount</small>
CHARITABLE GROUP SUBTOTAL #1 \$	+ CHARITABLE GROUP SUBTOTAL #2 \$	+ CHARITABLE GROUP SUBTOTAL #3 \$

PAYMENT OPTIONS ... please select one:

**PAYROLL DEDUCTION** (complete authorization below)

TOTAL MONTHLY GIFT  
(total of 3 group subtotals above)

X

PAY PERIODS PER YEAR  
12

=

TOTAL ANNUAL GIFT  
(total monthly gift x 12 pay periods)

AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules. I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

\*\* Enter "1200" unless this form is being completed by a new employee.

Authorized Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Effective Date \*\* \_\_\_\_\_

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

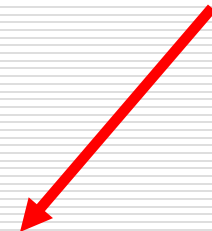
**TOTAL ONE-TIME GIFT**  
(total of 3 group subtotals above)

white copy = PAYROLL OFFICE    yellow copy = LOCAL CAMPAIGN MANAGER (in report envelope)    pink copy = EMPLOYEE

## Payment Options

Payroll Deduction  
(signature required)  
or One-Time Gift



# Pledge Form

## Important:

Please make sure everything is filled out correctly on the form and that the handwriting is legible.

SECC Authorization Form				Account# _____ <small>(write on envelope)</small>		
Name (Prefix) _____	Last _____	First _____	MI _____	State Agency Name AND Number _____		
Social Security Number _____				Dept./Unit # / Facility / Location _____		
Work Phone _____				County _____		
Email Address _____				SECC Coordinator's Name _____ SECC Coordinator's Phone _____		
ACKNOWLEDGEMENT:						
Select <b>ONLY ONE</b> 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.						
<input type="radio"/> I wish my gift (but not the amount) to be acknowledged by the charity(ies) I have designated. (HOME ADDRESS REQUIRED)						
<input type="radio"/> 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)						
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 <b>SIX-DIGIT CODE</b> ; 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 ... The subtotal of the three charitable groups (1+2+3) MUST MATCH the amount in either the "TOTAL MONTHLY GIFT" box or the "TOTAL ONE-TIME GIFT" box.						
first two digits of all charities within this group must match first two digits must match Charity Code [ ] [ ] → \$ _____ Gift Amount Charity Code [ ] [ ] → \$ _____ Gift Amount Charity Code [ ] [ ] → \$ _____ Gift Amount	first two digits of all charities within this group must match first two digits must match Charity Code [ ] [ ] → \$ _____ Gift Amount Charity Code [ ] [ ] → \$ _____ Gift Amount Charity Code [ ] [ ] → \$ _____ Gift Amount	first two digits of all charities within this group must match first two digits must match Charity Code [ ] [ ] → \$ _____ Gift Amount Charity Code [ ] [ ] → \$ _____ Gift Amount Charity Code [ ] [ ] → \$ _____ Gift Amount	CHARITABLE GROUP SUBTOTAL #1 \$ _____ + CHARITABLE GROUP SUBTOTAL #2 \$ _____ + CHARITABLE GROUP SUBTOTAL #3 \$ _____			
PAYMENT OPTIONS ... please select one:						
<input type="radio"/> <b>PAYROLL DEDUCTION</b> <small>(complete authorization below)</small>		<b>TOTAL MONTHLY GIFT</b> (total of 3 group subtotals above) \$ _____	X	<b>PAY PERIODS PER YEAR</b> 12	=	<b>TOTAL ANNUAL GIFT</b> (total monthly gift x 12 pay periods) \$ _____
<small>AUTHORIZATION FOR PAYROLL DEDUCTION—I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules. I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.</small>						
Authorized Signature _____		Today's Date _____		Effective Date ** _____		
<input type="radio"/> <b>ONE-TIME GIFT (CASH or CHECK)</b> ... attach; make check payable to State Employee Charitable Campaign.		<b>TOTAL ONE-TIME GIFT</b> (total of 3 group subtotals above) \$ _____				
white copy • PAYROLL OFFICE    yellow copy • LOCAL CAMPAIGN MANAGER (in report envelope)    pink copy • EMPLOYEE						

White and yellow copies should be submitted to Administration Building, Room 150, with the summary deposit form and any cash or checks in the provided deposit bags.

Pink copy goes to the employee for his/her records.

If you would like, please make a copy for yourself.

# Levels of giving

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- ❑ **Leadership** → \$1,000 or more
- ❑ **Lone Star Gold** → 1% annual income
- ❑ **Lone Star Red & Black** → 1 hour per month

Lone Star Club members will receive a mug and two (2) tickets to an athletics game.

The Lone Star Club is a suggested guide to giving. What an individual chooses to contribute is voluntary and all contributions are appreciated.

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# Important Dates

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- September
    - 1<sup>st</sup> – University Kickoff | Jones Stadium 3-5 p.m.
    - 13<sup>th</sup> – Report 1 Deadline
    - 27<sup>th</sup> – Report 2 Deadline
  - October
    - 11<sup>th</sup> – Report 3 Deadline
    - 25<sup>th</sup> – Report 4 Deadline
  - November
    - 1<sup>st</sup> – Report 5 Deadline
    - 15<sup>th</sup> – FINAL Report Deadline
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# Questions??

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**Contact David Abercia at 742-2121 or [secc@ttu.edu](mailto:secc@ttu.edu)**

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# Thank you!

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We couldn't do it  
without you!

