			SEC	C Author	ization	Form			
Name (Prefix)	Last	Fi	irst	MI	State Agenc	y Name AND 1	Number		
Employee ID Number					Dept. / Unit # / Facility / Location				
Work Phone					County				
E-mail Address					SECC Coord	linator's Name		SECC Cc	oordinator's Phone
RECOGNITIO	ON & ACKN	OWLEDGEM	IENT OP	TIONS p	lease <u>se</u> l	ect one	of the option:	s below:	
NOTE: The name	es of leadersh	p-level donors wil	ll be publiciz	ed annually by	the SECC, u	nless the 'D() NOT ACKNOWLE	DGE' option is	selected below.
O DO NOT A	CKNOWLED	GE my gift, eith	ner in writin	g or with any	form of pe	sonalized ı	recognition/than	KS.	
O I request a	cknow l edgem	ent of my gift v	ria EMAIL	(to honor th	nis request, y	our email ad	dress must be fur	nished — abov	re)
O I request a	cknowledgem	ent of my gift v	ria MAIL	. (to honor this	request, you	ır home mai	ling address must	be furnished –	– below)
Home Mailing Addi	ress				C	ity		Zip	
		DIDLITE MV (VET ~	ainimum de		,	ble group is		
	est equal the narities within this graph and the narities within the narities within this graph and the narities within t	group must match Gift Amount Gift Amount Gift Amount	first two digits must match that the character of the cha		within this group	GIFT <u>or</u>	Charity C Charity C Charity C Charity C	all charities within ode	this group must matc \$ Gift Amount \$ Gift Amount \$ Gift Amount
O PAYROLL (complete auth AUTHORIZATION understand that at any time by a	DEDUCTION horization below, N FOR PAYROLL the expiration of giving my payrol	(total of \$	Juntarily authoration depends	orize this deduct supon my pay supprroller's rules.	ion from my af chedule (see b I agree to con	ack for details aply with the (for a charitable cont b). I also understand comptroller's rules co	(Total Monthly G \$	e this authorization eduction. I have year" unless this form
Authorized Sign		H or CHECK)	attach; mak	Today's Dat e check payable			ctive Date ** TABLE CAMPAIGN.		NE-TIME GIFT up Subtotals above)