

C O M E C C 2019 Commonwealth of Massachusetts Employees Charitable Campaign

COMECC does not provide any goods or services to contributors as whole or partial consideration of any gift.



Name:	Employee ID Number:
Dept ID:	COMECC Region (I to V):
Maildrop:	Work email address:
Work phone:	

Recurring Donation	One-time Donation
<input type="checkbox"/> Payroll deduction January to December 2019 Deduction Amount Per Pay Period (26 pay checks) <input type="checkbox"/> \$15 (\$390/yr) <input type="checkbox"/> \$10 (\$260/yr) <input type="checkbox"/> \$5 (\$130/yr) <input type="checkbox"/> \$2 (\$52/yr) <input type="checkbox"/> \$1 (\$26/yr) <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> One-time donation via payroll deduction Donation Amount <input type="checkbox"/> \$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$15 <input type="checkbox"/> Other \$ _____
I understand this pledge via payroll deduction may be cancelled at any time by notifying my payroll office	<input type="checkbox"/> One-time donation via check: Direct one-time gift of \$ _____ Please make check payable to COMECC.
THANK YOU FOR YOUR CONTRIBUTION!	Credit card MasterCard or Visa only Please pledge online at www.comecc.net.

Employee Signature _____

Date _____

Please Designate Recipient(s) of Your Donation

Attach separate sheet if needed.

Charity Number	Charity Name	Annual Amount

The charity receives the collective donated amount from COMECC as "Donations from Commonwealth of Massachusetts employees". If you wish your name, home address and donation amount to be shared with the designated charity(s) please complete information box to the right.	Authorization to release name, amount, mailing address: Street _____ Apt # _____ City _____ State _____ Zip _____
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