ARE YOU RETIRING?

Don't miss out on your chance to continue Giving!

A. Name
_____

Department Retiring From
_____

B. Address
_____

C. Phone
_____

D. Email
_____

E. Please deduct $_____ per month from my CalPERS Warrant ($5.00 minimum per month) beginning the month of_____ in the year _____
I authorize the California Public Employees Retirement System to process the deduction listed above. Your monthly deduction will continue until you instruct otherwise. The Non-Profit Organization(s) you contribute to will remain the same until you direct otherwise. If you would like to change your monthly deduction or the Non-Profit Organization you contribute to then you must complete a new CSECC Retiree Pledge Form.

F.
| | |
Social Security Number

_____
SIGNATURE REQUIRED (INK ONLY)   DATE

DESIGNATION(S) TO SPECIFIC ORGANIZATIONS APPROVED AND LISTED IN THE DONOR RESOURCE GUIDE

An employee has the right to designate all or part of their contribution to the charitable organization(s) of their choice. Any undesignated portion will be distributed to charitable organizations by PCFD 024 United Way California Capital Region. An online Donor Resource Guide is available at www.csecc.org

G. ☐ I WISH TO MAKE THE FOLLOWING DESIGNATION(S):

Organization Name(s):	Organization Code #	Amount Per Month ($5 Minimum per organization)	Check for 1 year only*
1		$	
2		$	
3		$	
4		$	
5		$	
Write-In Organization Information* An organization not approved by the Victim Compensation and Government Claims Board, but is a 501 (c) (3) non-profit organization.		$	
Organization Name (Required)	Amount of Write-In ➜	$	
Address (Required)	Total Monthly Designation	$	
City/State/Zip (Required)			
Phone Number Tax Identification Number			
* Check this box if you want your donation to go to the designated organization(s) you've scheduled for one year only and then to the PCFD agency managing your donation until you instruct otherwise.			

H. ☐ This is a one-time check/cash contribution for the total amount of $_____. (Please make check payable to: CSECC)

I   ☐ If you wish to have the PCFD acknowledge your donation, please provide your preferred method of contact: ☐ United States Postal Mail ☐ Email

_____
Please write preferred name(s) for recognition acknowledgements if different than above.

J. I authorize the PCFD to distribute my contributions as stated above.

_____
SIGNATURE REQUIRED (INK ONLY)   DATE

To participate as a retiree in the California State Employees Charitable Campaign please ensure you've included your Social Security Number and Signature(s) and mail your completed form in the envelope provided.