



Florida State Employees' Charitable Campaign Special Event Cash or Check Designation Form

Event:

Last Name:

First Name:

Employee ID: Employing Agency:

Division:

Work Phone: ()

Contact Email:

PERSONAL CHECK for a Total Contribution of \$_____ (Please Make Payable to FSECC)

CASH CONTRIBUTION for a Total Contribution of \$_____

ALL CONTRIBUTORS MUST DESIGNATE A CHARITY (OR CHARITIES) THAT WILL RECEIVE THE TOTAL CONTRIBUTION ABOVE. TO KEEP ADMINISTRATIVE COSTS DOWN, THE MINIMUM AMOUNT PER CHARITY IS \$5.00. THE TOTAL OF YOUR DESIGNATIONS BELOW MUST MATCH YOUR TOTAL CONTRIBUTION LISTED ABOVE. SEE FSECC BROCHURE FOR CHARITY CODES.

Charity Code	Amount	Charity Code	Amount	Charity Code	Amount	Charity Code	Amount
	\$		\$		\$		\$

Contributor's Signature

Collector's Signature

Date

Collector's Name (Please Print)



THANK YOU!