

EARMARK/MEMORIAL CONTRIBUTION ATTACHMENT

If you would like your contribution to the State Combined Campaign to be earmarked for a certain program or made as a gift in memory or honor of a loved one, please complete this form and attach to your pledge card. This information will be relayed to the appropriate agency following the closure of the current campaign cycle for their information and acknowledgement.

Please note: The "I DO" want my name released box must be checked.

One form is to be completed for every agency to which you wish this to be done.

(Please print clearly)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Your department/agency name: _____

Charity agency and code: _____
(from pledge card)

Amount of Gift: \$ _____

Please use my gift _____ where needed or _____
(earmark or program name)

Please make my SCC contribution in _____ Memory or in _____ Honor or _____ Earmark

Name of Person(s) Recognized: _____

Who should be notified? _____

Address: _____

City/State/Zip: _____