



November is SEFA participation month!

Join the **COMMUNITY OF GIVERS** who helped **SUNY New Paltz** win the **Best Overall Campaign for 2021 in the Sullivan-Ulster Region!**

Donate to the cause(s) most important to you! Just 7¢ per day (\$1.00 per paycheck) can make a difference to those in need.

See the **MULTIPLE BENEFITS** below!

WHAT IS SEFA AND WHY SHOULD I PARTICIPATE?

SEFA (State Employees Federated Appeal) is managed by a committee of SUNY New Paltz volunteers. SEFA provides ALL New York State Employees (CSEA, UUP, PEF, COUNCIL 82, etc.) the opportunity to support your choice of local, national and international nonprofit organizations all year long through payroll deduction. Whether you like to donate to community service, health, environmental or other causes, SEFA offers an easy and effective way to make your charitable contributions. (Research Foundation employees can participate by submitting a one-time pledge by check to "SEFA.")

Reap some of the *MULTIPLE BENEFITS* contributors enjoy:

- Be a part of something big, really big! Collectively we donated over \$23,000 last year!
- Simplify your charitable giving by donating to numerous organizations through one gift.
- Research now shows that giving is good for your health and can result in a longer life!

WHAT DO I DO NEXT?

- 1.) Pick any agency(ies) of your choice by going to www.newpaltz.edu/sefa for the online link. You can even search by type of service provided by using the "Charity Lookup Tool" on www.newpaltz.edu/sefa.
- 2.) Complete the form on the reverse side of this page OR see #4 below to give online. (Even if you participated last year, there is no longer a continuous giving option. You need to complete this form each year.)
- 3.) Return the completed form by campus mail by December 3, 2021, to Gerry Torrone, Office of Student Accounts, Wooster Hall, Room 123.
- 4.) Pledge online at www.sefanys.org (If you gave online last year your info is stored.) Please note that you can no longer make one time donations online.

Thank you in advance for your support!

If you have any questions call the SEFA Campaign Manager, Gerry Torrone at x3155.
Special thanks to the additional SUNY New Paltz SEFA Committee member: Maria Cathcart.
Additional support provided by the Office of the President.

***Be part of something good. Please participate.
No gift is too small to make an impact!***



NEW YORK STATE EMPLOYEES FEDERATED APPEAL PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



Part I: State Agency Copy (Federated Code 871)

Your Name _____
 Department _____
 On-campus address _____
 NYS EMPLID _____
 (This is not your Banner ID. Please see illustration to the right.)

Thomas P. Di Napoli State Comptroller		JOHN Q PUBLIC	
Advice # 98765432	Pay Start Date 04/18/2013	Negotiating Unit 05	
Advice Date 05/03/2013	Pay End Date 06/02/2013	Retirement System ERS	
Department ID 02000	NYS EMPLID N01234567		
EARNINGS		TAX DATA	Federal

NYS EMPLID
Replaces SS# on
SEFA pledge forms

MY CONTRIBUTION METHOD:

A. Payroll Deduction

\$20
 \$15
 \$10
 \$5
 \$3
 \$2
 \$1
 Other \$: _____ x _____ = \$ _____
 # Pay Periods Per Year Annual Payroll Deduction
 (Faculty: 20 pay periods)
 (Staff: 26 pay periods)

I hereby authorize the State Comptroller to deduct from each paycheck the amount indicated above during the year 2022.

B. Check (Make payable to SEFA and attach) \$ _____

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

Signature

Date

WHERE DO YOU WANT YOUR GIFT TO GO?

Part II: SEFA Headquarters Copy

Your Name _____
 State Agency Code 28210 Federated Fund Code 871
 Your Daytime Phone _____

You may designate your gift to any SEFA agency, federation, or community (F.C.C.). Undesignated gifts will be distributed by our local SEFA committee in accordance with state regulations. The link to a complete listing of charities can be found at www.newpaltz.edu/sefa.

See SEFA Code numbers and indicate agency name and code number in box below.

CONTRIBUTION METHOD AND AMOUNT:

A. Payroll Deduction \$ _____ **B. Check** \$ _____

Agency Name	SEFA Code #	Annual Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Part III: Keep for Your Records

Name of Charity(ies) _____

Total Gift \$ _____ Payroll Deduction Check

