



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# COMBINED GIVING CONTRIBUTION ELECTION AGREEMENT

All Contribution Election Agreement Forms with new elections submitted during the County's Annual Combined Giving Campaign will be processed effective PP 1 of each year. All other forms will be processed effective the pay period indicated below.

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Last Name, First Name</b>		
<b>Effective PP</b>	<b>Company</b>	<b>Department</b>	

## AGENCY ELECTIONS

<input type="checkbox"/> Initiate <input type="checkbox"/> Revise <input type="checkbox"/> Cancel	_____ <div style="text-align: center;">Agency Name</div>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <div style="text-align: center;">Agency Code</div>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><b>00</b></td> </tr> </table> <div style="text-align: center;">\$ Amount per pay period</div>		<b>00</b>
	<b>00</b>								
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	<b>00</b>								

## YOUR CHOICE ELECTIONS

For all "Your Choice" Agency Codes listed in the section above (i.e., 8098, 8198, etc.) complete the section below.

<b>Agency Name</b>			<b>Agency Name</b>		
<b>Address</b>		<b>City</b>	<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>Telephone</b>	<b>State</b>	<b>Zip</b>	<b>Telephone</b>

## ACKNOWLEDGMENT REQUESTED

By completing this section, you will receive an acknowledgment by the Agency(ies) listed above.

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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I authorize the County of San Bernardino to make the payroll deductions indicated and to distribute my contribution to the designated Agency(ies).

<b>Employee Signature</b>	<b>Daytime Telephone</b>	<b>Date</b>
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*This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.*

<b>Payroll Specialist Name (Print &amp; Sign)</b>	<b>Telephone</b>
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**NO GOODS OR SERVICES ARE BEING PROVIDED IN WHOLE OR IN PART FOR YOUR CONTRIBUTION**

*DISTRIBUTION: Original - During campaign send to EBSD-HR (0440)  
Outside of campaign, send to Central Payroll (0032)*

### Office Use Only

<b>Review By</b> <small>(Employee ID)</small>	<b>Date Keyed By</b>	<small>(Employee ID)</small>	<b>Date</b>

# Employee Information

The form must be typed or printed in **Black** or **Blue** ink only.

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## Payroll Deduction Section:

Complete this section for each requested donation.

- ◆ *Initiate* - Check this box to start a new payroll deduction for the Agency Code you selected.
- ◆ *Revise* - Check this box to change the payroll deduction amount for an Agency to which you are currently contributing
- ◆ *Cancel* - Check this box to cancel a Combined Giving contribution made through payroll deduction.
- ◆ *Agency Name* - Print the name of the Agency that will be receiving the donation.
- ◆ *Agency Code* - Print the four digit Agency Code for the donation (*see note below*).

**Note:** To revise or cancel a deduction, locate the four-digit Agency Code that is currently being deducted by:

1. Referring to a copy of the original contribution form.
2. Contacting the department payroll specialist or the department Campaign Coordinator.

- ◆ *Amount per pay period* - List the total per pay period (bi-weekly) amount to be deducted from your paycheck for each individual Agency. Minimum contribution is \$1.00.

## Your Choice Elections

This section is used to designate the specific Agencies of your choice that are not listed in the Combined Giving brochure. Agencies listed as a "Your Choice" election must be a 501(c)(3) organization.

*The following information is required:*

- ◆ The complete name of the Agency where the donation is being sent
- ◆ The complete mailing address (address, city, state, zip)
- ◆ The telephone number (including area code) in case the Agency needs to be contacted

To make a "Your Choice" donation to the organization listed in this section, a parent Agency is selected from the Combined Giving Campaign brochure with an Agency Code ending in "98."

## Acknowledgment

To request acknowledgment from any of the Agencies listed on the form, the employee must provide all information in this section. The Agency(ies) that have been selected will send an acknowledgement to this address for the donation.

Acknowledgments will not be sent when canceling a donation.

Multiple pages - if you need to use multiple pages, staple all pages together and show as page 1 of 2, etc.