

# How to Give

You can give a one-time amount or choose an amount to give each pay period (payroll deductions are for a maximum of 10 months). Pick one of the four federations “umbrella agencies” and they will use your contribution where it is needed most or you can specifically designate one of their 300-plus agencies or organizations.

Complete the form on the reverse side:

1. Select agency(ies) you wish to support.
2. Record the one-time amount or amount per paycheck you want to contribute (you can donate as little as \$1.00 per month.)
3. Return the form to: **SCCOE/Human Resources, Benefits Specialist, 1290 Ridder Park Drive, San Jose, CA 95131, Mail Code 264B or fax to 408-453-6811**

## Example:

Federation	Agency	One-time Amount	Amount Per Pay Period
	United Way - #3511		\$2.00
	Go Kids Inc.		\$1.00
	Second Harvest Food Bank		\$5.00
	<b>Total</b>		\$8.00

## Example:

Federation	Agency	One-time Amount	Amount Per Pay Period
	Community Health Charities - #3515		
	Susan G. Komen	\$20.00	
	Autism Speaks		\$3.00
	<b>Total</b>	\$20.00	\$3.00

Contact your Employee Benefits Specialist below if you have payroll deduction questions.

Employee Benefits Specialist	Last Name Ending	Phone Number	E-mail
Tina Cordoba	A-G	408-453-6831	tina_cordoba@sccoe.org
Loraine Hobgood	H-O	408-453-4355	loraine_hobgood@sccoe.org
Carol Supler	P-Z	408-453-6681	carol_supler@sccoe.org

Santa Clara County  Office of Education

*...a champion for children, schools and community*

**Combined Giving Campaign  
DONATION FORM**

Federation	Agency	One-time Amount	Amount Per Pay Period
	1. Arts Council Silicon Valley - #3534	\$	\$
	2.	\$	\$
	3.	\$	\$
	4.	\$	\$
	<b>Total</b>	\$	\$

	1. Community Health Charities - #3513	\$	\$
	2.	\$	\$
	3.	\$	\$
	4.	\$	\$
	<b>Total</b>	\$	\$

	1. Earth Share California - #3535	\$	\$
	2.	\$	\$
	3.	\$	\$
	4.	\$	\$
	<b>Total</b>	\$	\$

	1. United Way - #3511	\$	\$
	2.	\$	\$
	3.	\$	\$
	4.	\$	\$
	<b>Total</b>	\$	\$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Work Site: \_\_\_\_\_ Work Site Phone: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Note: If you wish to be acknowledged by the agency(ies) of your choice, please complete the following information.

Home Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

No goods or services are provided in consideration of the contribution(s) pledged on this form.

**RETURN TO HUMAN RESOURCES, MC 264B**