

# SEFA Campaign Participation Form

All forms should be returned to:  
[sefa@stonybrook.edu](mailto:sefa@stonybrook.edu) or  
SEFA Coordinator  
221 Administration Building  
Zip 1002



## Part 1 Research Foundation

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Zip +4: \_\_\_\_\_

## Part 2 Choose one of the following convenient options:

**OPTION 1: Recurring Payroll Deduction**

Agency Code	Line No.	First Name, MI, Last Name	Stony Brook ID	Code

**A. BI-WEEKLY DOLLAR AMOUNT DEDUCTION:**

\$40.00     \$20.00     \$10.00     \$5.00     \$1.00     Other: \_\_\_\_\_

**OR**

**B. TOTAL PAYROLL DEDUCTION: \$**

(We will compute bi-weekly deduction; \$500 - \$999 enrolls in Cornerstone Club; \$1000 or more in Pillars)

\_\_\_\_\_ I hereby authorize a deduction in the amount indicated from each of my salary checks during the 2023 calendar year. I may revoke this authorization at any time by written notice.

Please Sign Here: \_\_\_\_\_

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

**OPTION 2: One-Time Check Contribution** (Make check payable to SEFA)

My check for the following is enclosed: \$ \_\_\_\_\_

**OPTION 3: Discontinue Recurring Payroll Deduction**

## Part 3 Designate your gift to the agencies of your choice:

You may specify one or more agencies (including those at our University) by writing the agency names (see brochure) and the amounts you wish to designate in the spaces provided.

	A: Bi-weekly	or	B: Annual
No. 1: _____	\$ _____		\$ _____
No. 2: _____	\$ _____		\$ _____
No. 3: _____	\$ _____		\$ _____
No. 4: _____	\$ _____		\$ _____
No. 5: _____	\$ _____		\$ _____

I would like my gift(s) acknowledged at the following address:

\_\_\_\_\_