

Retiree Giving Form

MISSOURI STATE EMPLOYEES CHARITABLE CAMPAIGN
www.msecc.mo.gov



Please complete all fields, print, sign and mail completed form to:

MSECC
P.O. Box 809
Jefferson City, MO 65102

Questions? Call 573.751.6846

First Name	MI	Last Name

Home Address	City, State, Zip Code

Area Code	Phone Number	Retired from - Name of State Agency

Email

Effective Date of Retirement

RETIREMENT SYSTEM

MOSERS MPERS

PLEDGE INFORMATION

Payroll Deduction Check/Money Order (make payable to MSECC)

I would like my name and address released to the charitable organization(s) to which I am contributing.

PLEDGE DESIGNATION

Visit www.msecc.mo.gov to view a complete listing of all participating MSECC charities or contact 573-751-6846.

Charity Code	Monthly Amount
	\$ <input style="width: 50px;" type="text"/>
	\$ <input style="width: 50px;" type="text"/>
Community Choice	\$ <input style="width: 50px;" type="text"/>
TOTAL	\$ <input style="width: 50px;" type="text"/>

Donations to Community Choice will be proportionally distributed to all charities within your region.

SIGNATURE: _____

DATE:

I hereby authorize the state retirement system indicated above to deduct the amount shown from my monthly benefit until revoked by me.

I understand my MSECC contribution is tax deductible to the extent allowed by law. Retain a copy of your giving form with your cancelled check or money order as proof of your contribution.