



122 W. 27th St.
 10th Floor
 New York, NY 10001
 646-496-0315

**New York City
 State Employees Federated Appeal
 Fundraiser Summary Form**

Date _____ Report # _____
 Agency/Facility Name [Click here to enter text.](#)
 Campaign Manager [Click here to enter text.](#)
 Name of Fundraiser [Click here to enter text.](#) Email [Click here to enter text.](#)
 Department [Click here to enter text.](#)

Please complete all fields in this section and submit to your campaign manager with all checks and pledge forms.

	# of Employees Giving	Total Amount Contributed	Adjustments (for auditor)
This Report			
Payroll Deduction Pledges (paper)		\$	
Individual donor Checks (enclosed)		\$	
Special Event Checks (enclosed)			
Anonymous Pledges (enclosed)			
Total this Report			

All checks must be made payable to SEFA

Signature _____ Date _____