



# Charitable Contribution Form

The Southern Employee Benefits Conference (SEBC) is a not-for-profit, tax-exempt, educational organization. The SEBC is recognized under the Internal Revenue Code as a 501(c)(3) corporation. All monetary gifts are tax-deductible.

SEBC makes the effort to keep the Conference dues and program registration fees at a "break even" level. To continue to keep the Conference in good financial condition and keep our meetings and other expenses as low as possible, the Conference has two ways that members may support the SEBC with tax-deductible contributions. The first is the *Roger Bransford Lecture Series Fund* that we use to directly fund the costs for obtaining headline speakers for our Fall Fly-In and Spring Annual Educational Conference. The second is a donation to the SEBC for running our Conference and providing more value-added services to the membership. Your interest in supporting the SEBC is greatly appreciated.

Donors to either fund will be recognized (if desired) in our publications and on our website. The Treasurer of the SEBC is responsible for maintaining these assets in order to ensure the use is for the dedicated purposes. You will receive a letter acknowledging your tax-deductible donation for tax reporting purposes.

**I wish to donate the following:**

**To the Roger Bransford Fund of the Southern Employee Benefits Conference,**

Amount enclosed \$ \_\_\_\_\_

**To the SEBC to defray operational, meeting and conference expenses**

Amount enclosed \$ \_\_\_\_\_

**Checks should be made payable to: *Southern Employee Benefits Conference***

**Should you prefer to make your donation by credit card, please complete the proper section below:**

**Please mail to:** Southern Employee Benefits Conference  
3334 Peachtree Road N.E. Suite 709  
Atlanta, GA 30326

**Or, send by FAX:** (404) 240-0158

**Given By:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Credit Cards Accepted:**  Master Card  VISA  American Express

**Name Embossed on Card:** \_\_\_\_\_

PLEASE PRINT

**Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT OF THE SEBC!**