

Request for County of San Diego County Employees' Charitable Organization (CECO) Contribution

Retired Members should submit this form to contribute to the County of San Diego's San Diego County Employees' Charitable Organization (CECO).

RETIRED MEMBER INFORMATION			
Full Name		Social Security Number	
Street Address		Birthdate	
City	State	Zip	Daytime Telephone Number

AUTHORIZATION
<p>I authorize the San Diego County Employees Retirement Association (SDCERA) to deduct from my monthly retirement benefit a contribution to the County of San Diego's County Employees' Charitable Organization (CECO) as follows:</p> <p>CECO contribution of \$_____ per month.</p> <p>This election supersedes any previous election.</p> <p>Member's Signature _____ Date _____</p>