PENNSYLVANIA STATE EMPLOYEE COMBINED APPEAL PLEDGE FORM

Please print using all CAPITAL LETTERS and **black** or **blue** ink.
Do not staple items to pledge form.

DONOR INFORMATION

FIRST NAME

MI

LAST NAME

SUFFIX (Jr., Sr.)

AGENCY OR DEPARTMENT

BUREAU / INSTITUTION Line 1

BUREAU / INSTITUTION Line 2

EMPLOYEE TRACKING INFORMATION

EMPLOYEE ID #

BUSINESS AREA

BUREAU CODE (OPTIONAL)

EMPLOYEE CONTRIBUTION INFORMATION

PAYROLL DEDUCTION (recurring or one-time)

# of Paydates Per Year

Total Amount Per Pay Date

$

Instructions: For a *recurring* payroll deduction, leave the "# Paydates Per Year" field blank. For a *one-time* payroll deduction, enter "01" in this field. Any other values entered will be considered a recurring deduction.

OR

CHECK / MONEY ORDER

Make check or money order payable to SECA

Payment Amount

$

SECA and its participating charities are registered with the PA Bureau of Charitable Organizations. The official registration and financial information of the SECA campaign may be obtained from the PA Department of State by calling toll free 800.732.0999. Registration does not imply endorsement. SECA operates under the highest financial and ethical standards. SECA organizations do not provide goods or services, in whole or partial consideration, for any contributions via this pledge form.

ACKNOWLEDGEMENT INFORMATION

☐ Check here if you would like an acknowledgement of your contribution from your designated charity(ies).

[Acknowledgement will be sent to employee address on file.]

AGENCY DESIGNATIONS (ORGANIZATIONS MUST BE LISTED IN THE SECA RESOURCE GUIDE)

SECA DESIGNATION CODE		PAYROLL DEDUCTION AMOUNT PER PAY-RECURRING/ONE-TIME ($1 MINIMUM)		CHECK OR MONEY ORDER AMOUNT ($1 MINIMUM)
—	$		OR	$
—	$			$
—	$			$
—	$			$

LEADERSHIP GIVING

☐ **Yes, my donation meets or exceeds one of the leadership levels, and I would like to receive the recognition associated with my giving level, including public acknowledgement of my name only.**

AFSCME

Signature Required for Payroll Deduction

EMPLOYEE'S SIGNATURE

Date

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize the Commonwealth of PA to withhold the payroll deduction amount stated above for the number of paydates specified during the coming year starting with the first paydate in January.