SECA

State and University Employees Combined Appeal

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ _____
LAST FIRST MI Social Security # or ID # Required For Payroll Deduction

Employer: _____ _____
Agency #

Home Address: _____ _____
Pay Code

City: _____ State: _____ Zip: _____

PAYROLL CONTRIBUTION

I wish to contribute through SECA by payroll deduction the per-pay amounts shown below. *(A minimum of $2.00 per pledge form is requested to reduce administrative costs.)*

	ORGANIZATION CODE	AGENCY CODE	AMOUNT PER PAY
1.	___ ___ ___	___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
	TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		_____
2.	___ ___ ___	___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
	TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		_____
3.	___ ___ ___	___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
	TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		_____
4.	___ ___ ___	___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
		___ ___ ___ ___	_____
	TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		_____

5. Total Per Pay (Total Lines 1-4) _____

6. Number Of Pay Periods That I Wish To Make A Contribution. _____

7. Annual Payroll Deduction Total (Lines 5 Times Line 6) _____

I authorize my employer to deduct from my paycheck the amount recorded in Line 7 beginning with the January 2012 pay period.

Signature: _____

Date: _____

ONE-TIME DIRECT GIFT

I wish to donate to the listed charities by writing a personal check or money order made payable to the organization of my choice. *(No checks made payable to SECA.)*

ORGANIZATION CODE	AGENCY CODE	AMOUNT
___ ___ ___	___ ___ ___ ___	_____
___ ___ ___	___ ___ ___ ___	_____
___ ___ ___	___ ___ ___ ___	_____
___ ___ ___	___ ___ ___ ___	_____
___ ___ ___	___ ___ ___ ___	_____
___ ___ ___	___ ___ ___ ___	_____

8. Total One-Time Direct Gift _____

*(The organization and agency code **MUST** be on your check.)*

TOTAL SECA GIFT

(Total Lines 7 and 8)

_____

Thank You!

–RELEASE OF INFORMATION–

❑ I wish my gift to be **ANONYMOUS** with the understanding that my name will not be reported to the charities I'm supporting.

❑ Yes, my contribution is $250.00 or more and I would like my name listed on the SECA website as a Leadership Giver.

SECA charities are prohibited from releasing, sharing or selling donor information, and do not provide goods or services in whole or partial consideration for any contribution.