



# State and University Employees Combined Appeal

**PLEASE TYPE OR PRINT LEGIBLY**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 E-mail \_\_\_\_\_ Last 4 of Social Security # or ID #  
 Home Address \_\_\_\_\_ Required for Payroll Deduction  
 City \_\_\_\_\_ IL Zip Code \_\_\_\_\_ Agency/University \_\_\_\_\_

## PAYROLL CONTRIBUTION

I wish to contribute through SECA by payroll deductions the pay amounts shown below  
 (A minimum of \$2.00 per period is requested to reduce administration cost.)

1) Organization Code	Agency Code	Amount Per Pay	Charity Name
-			_____
-			_____
-			_____
Total Amount Per Pay for This Organization			

2) Organization Code	Agency Code	Amount Per Pay	Charity Name
-			_____
-			_____
-			_____
Total Amount Per Pay for This Organization			

3) Organization Code	Agency Code	Amount Per Pay	Charity Name
-			_____
-			_____
-			_____
Total Amount Per Pay for This Organization			

4) Total per Pay (Total Lines 1 - 3)		I authorize my employer to deduct from my paycheck the amount recorded in line 6 beginning with the January pay period.  Signature _____ Date _____
5) Number of Pay Periods		
6) Annual Payroll Deduction (Line 4 times Line 5)		

## 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. Please include the organization or agency code(s) in the memo section on your check)

Organization Code	Agency Code	Amount	
-			
-			
-			
10) Total One-Time Direct Gift			

Please omit my name and information from the following:

SECA Web page appreciation (for donations \$250 or more)

Donor Gifts from SECA

To the recipient charity(ies) for acknowledgment.

**Total SECA Gift**  
 (Total lines 6 and 10)

[www.secaillinois.org](http://www.secaillinois.org)

*Thank You*