



State and University Employees Combined Appeal
PLEASE TYPE OR PRINT LEGIBLY

Name: Last First MI
 Employer: Social Security # or ID #
 Home Address: Required for Payroll Deduction
 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 pay period is requested to reduce administrative costs.)

1. ORGANIZATION CODE AGENCY CODE AMOUNT PER PAY

 TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION

3. ORGANIZATION CODE AGENCY CODE AMOUNT PER PAY

 TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION

2. ORGANIZATION CODE AGENCY CODE AMOUNT PER PAY

 TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION

4. ORGANIZATION CODE AGENCY CODE AMOUNT PER PAY

 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 2016 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

If you check this box, your name and address will be sent to the charity(ies) to which you contribute so that they may send you an acknowledgement. For contributions of \$250.00 or more you will receive a Leadership Gift and have your name listed on the SECA website as a Leadership Giver.

www.secaillinois.org

FOR OFFICE USE ONLY

Agency #
 Pay Code #