



25250

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 # DEPARTMENT CODE BUREAU CODE CHECK DISTRIBUTION CODE

EMPLOYEE CONTRIBUTION INFORMATION

<p>PAYROLL DEDUCTION</p> <p># of Paydates Per Year <input type="text"/></p> <p>Total Amount Per Pay Date</p> <p>\$ <input type="text"/></p>	<p>CASH / CHECK / MONEY ORDER</p> <p>Please Make Check or Money Order Payable to SECA</p> <p>Payment Amount</p> <p>\$ <input type="text"/></p>	<p>CREDIT CARD OPTION (SIGNATURE & ADDRESS REQUIRED)</p> <p>One-time payment on: <input type="radio"/> Visa <input type="radio"/> Mastercard</p> <p>Expiration Date <input type="text"/> / <input type="text"/></p> <p>Account Number <input type="text"/></p> <p>Payment Amount</p> <p>\$ <input type="text"/></p>
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Thank you!

THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF SECA MAY BE OBTAINED FROM THE PENNSYLVANIA DEPARTMENT OF STATE BY CALLING TOLL FREE WITHIN PENNSYLVANIA 1 (800) 732-0999. REGISTRATION DOES NOT IMPLY ENDORSEMENT.

ADDRESS REQUIRED FOR: ACKNOWLEDGEMENT LETTER, IRS RECEIPT LETTER, & CREDIT CARD DONATIONS

COMPLETE MAILING ADDRESS (Street Number & Name or P.O. Box)

CITY STATE ZIP

SECA ORGANIZATIONS DO NOT PROVIDE GOODS OR SERVICES, IN WHOLE OR PARTIAL CONSIDERATION, FOR ANY CONTRIBUTIONS MADE TO THE ORGANIZATIONS VIA THIS PLEDGE FORM

AGENCY DESIGNATIONS (ORGANIZATIONS MUST BE LISTED IN THE SECA BROCHURE)

SECA DESIGNATION CODE	AMOUNT PLEDGED PER PAY	AMOUNT CREDIT / CHECK / CASH / MONEY ORDER
<input type="text"/> - <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> - <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> - <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> - <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

GUIDELINE GIVING

Suggested Guide for giving is three minutes a day (6/10 of 1% of annual salary). For payroll deduction, divide number of pay dates per year.

Yes, my gift meets guideline

LOCAL SECA



Signature Required for Payroll Deduction / Credit Card Option

EMPLOYEE'S SIGNATURE Date

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

CREDIT CARD AUTHORIZATION: I hereby authorize SECA to perform a credit card charge against my account.