SECA

State and University Employees Combined Appeal
PLEASE TYPE OR PRINT LEGIBLY

Name: _____ _____
LAST FIRST MI UID

Employer: Illinois State University 636
Agency #

Home Address: _____ _____
Campus Box #

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. *For more information on leadership giving, see page 103 of this year's SECA booklet.*

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.