SECA_

| Name: | | | |
|---|-----------------------------------|--|--|
| LAST Employer: Illinois State University | FIRST | MI UID 636 | |
| Home Address: | | Agency # | |
| City: | State: | Campus Box # | |
| PAYROLL CONTRIBUT I wish to contribute through SECA by payr per-pay amounts shown below. (A minimu pledge form is requested to reduce adminit ORGANIZATION CODE AGENCY CODE | oll deduction the m of \$2.00 per | 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 | |
| 1. | | 8. Total One-Time Direct Gift (The organization and agency code <u>MUST</u> be on your check.) | |
| TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION 3. | | TOTAL SECA GIFT (Total Lines 7 and 8) | |
| TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION 4 | | Thank you! | |
| TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION | | | |
| Total per Pay (Total Lines 1-4) Number of Pay Periods That I Wish to Make a Contribution. | | I wish my gift to be ANONYMOUS with the understanding that my name will not be reported to the charities I'm supporting. | |
| 7. Annual Payroll Deduction Total (Lines 5 Times Line 6) I authorize my employer to deduct from my paycheck recorded in Line 7 beginning with the January 2012 p | | 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. | |
| Signature: | | SECA charities are prohibited from releasing, sharing or selling donor | |
| Date: | | information, and do not provide goods or services in whole or partial consideration for any contribution. | |