

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 #	BUSINESS AREA	BUREAU CODE (OPTIONAL)

EMPLOYEE CONTRIBUTION INFORMATION

<p>Recurring Payroll Deduction PAYROLL DEDUCTION One-time Payroll Deduction</p> <p>Instructions: Place a ✓ in the appropriate box, one time payroll deduction or recurring payroll deduction.</p> <p style="text-align: center;">OR</p> <p>Total Amount The amount entered here is the total of all designation amounts below.</p> <p>\$. </p>	<p>CHECK / MONEY ORDER</p> <p>Make check or money order payable to SECA</p> <p>Payment Amount</p> <p>\$. </p>
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SECA and its participating charities are registered with the PA Bureau of Charitable Organizations. The official registration and financial information of the SECA campaign may be obtained from the PA Department of State by calling toll free 800.732.0999. Registration does not imply endorsement. SECA operates under the highest financial and ethical standards. SECA organizations do not provide goods or services, in whole or partial consideration, for any contributions via this pledge form.

ACKNOWLEDGEMENT INFORMATION

Check here if you would like an acknowledgement of your contribution from your designated charity(ies).

[Acknowledgement will be sent to employee address on file.]

AGENCY DESIGNATIONS (ORGANIZATIONS MUST BE LISTED IN THE SECA RESOURCE GUIDE)

SECA DESIGNATION CODE	PAYROLL DEDUCTION AMOUNT PER PAY-RECURRING/ONE-TIME (\$1 MINIMUM)	CHECK OR MONEY ORDER AMOUNT (\$1 MINIMUM)
	\$. 	\$.
	\$. 	\$.
	\$. 	\$.
	\$. 	\$.

LEADERSHIP GIVING

Yes, my donation meets or exceeds one of the leadership levels, and I would like to receive the recognition associated with my giving level, including public acknowledgement of my name only.



Signature Required for Payroll Deduction

EMPLOYEE'S SIGNATURE	Date
PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize the Commonwealth of PA to withhold the payroll deduction amount stated above for the number of paydates specified during the coming year starting with the first payday in January.	