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

PAYROLL DEDUCTION (recurring or one-time)

# of Paydates Per Year

Total Amount Per Pay Date

$.

Instructions: For a *recurring* payroll deduction, leave the "# Paydates Per Year" field blank. For a *one-time* payroll deduction, enter "01" in this field. Any other values entered will be considered a recurring deduction.

OR

CHECK / MONEY ORDER

Make check or money order payable to SECA

Payment Amount

$.

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.

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.]

SECA ORGANIZATIONS DO NOT PROVIDE GOODS OR SERVICE, 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 RESOURCE GUIDE)

SECA DESIGNATION CODE	AMOUNT PLEDGED PER PAY ($1 MINIMUM)		ONE-TIME AMOUNT ($1 MINIMUM)
—	$.	OR	$.
—	$.		$.
—	$.		$.
—	$.		$.

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 paydate in January.

Thank you for supporting the SECA campaign.
Please retain this receipt for your tax records.

Date: _____ Amount: $ _____

SECA and its participating charities are registered with the Pennsylvania 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. Funds raised in the 2015 campaign will be allocated in the 2016 year. 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.