



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
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## EMPLOYEE CONTRIBUTION INFORMATION

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

## I WANT AN ACKNOWLEDGEMENT OF MY CONTRIBUTION. PLEASE COMPLETE ADDRESS.

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"/>	\$ <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
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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 payday in January.

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

**Thank you for supporting the SECA campaign.**

Please retain this receipt for your tax records.

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

State Employee Combined Appeal

909 Green Street

Harrisburg PA 17102

717-238-7365

[www.seca.state.pa.us](http://www.seca.state.pa.us)



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 1-800-732-0999. Registration does not imply endorsement. Funds raised in the 2010 campaign will be allocated in the 2010-2011 fiscal 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.