



State and University Employees Combined Appeal

PLEASE TYPE OR PRINT LEGIBLY

Name: Last _____ First _____ MI _____

Email: _____ Last 4 of Social Security # or ID #
Required for Payroll Deduction

Home Address: _____

City: _____ IL. Zip: _____ Agency/University: _____

PAYROLL CONTRIBUTION

I wish to contribute through SECA by payroll deductions the pay amounts shown below.
(A minimum of \$2.00 per period is requested to reduce administration costs.)

1) ORGANIZATION CODE				AGENCY CODE				AMOUNT PER PAY
			-					
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION								

3) ORGANIZATION CODE				AGENCY CODE				AMOUNT PER PAY
			-					
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION								

2) ORGANIZATION CODE				AGENCY CODE				AMOUNT PER PAY
			-					
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION								

4) ORGANIZATION CODE				AGENCY CODE				AMOUNT PER PAY
			-					
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION								

5) Total per Pay (Total Lines 1 – 4) _____

6) Number of Pay Periods _____

7) Annual Payroll Deduction Total
(Lines 5 Times Line 6) _____

I authorize my employer to deduct from my paycheck the amount recorded in line 5 beginning with the January 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. Please include the organization and agency code(s) in the memo section on your check)

	ORGANIZATION CODE				AGENCY CODE				AMOUNT
8)				-					
9)				-					
10)				-					
11)				-					
) Total One-Time Direct Gift									

TOTAL SECA GIFT
(Total Lines 7 and)

Thank You!

RELEASE OF INFORMATION

If you check this box, your name and address will be sent to the charity(ies) to which you contribute so that they may send you an acknowledgement. For contributions of \$250.00 or more you will receive a leadership gift and have your name listed on the SECA website as a Leadership Giver.

FOR OFFICE USE ONLY

Agency # _____

Pay Code # _____