



"A minimum of \$2 per designation is requested to reduce administrative costs."

Name: _____
LAST FIRST MI

Social Security/Employee ID Number
required for payroll deduction

Employer: _____

Agency Number

Home Address: _____

Payroll Code

City: _____ State: _____ Zip: _____

PAYROLL CONTRIBUTION

I wish to contribute through SECA by payroll deduction the per-pay amounts shown below:

ORGANIZATION CODE	AGENCY CODE	AMOUNT PER PAY
1. _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		<input type="text"/>
2. _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		<input type="text"/>
3. _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		<input type="text"/>
4. _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL AMOUNT PER PAY FOR THIS ORGANIZATION		<input type="text"/>
5. Total per pay (Total Lines 1-4)		_____
6. Number of Pay Periods		_____
7. Annual Payroll Deduction Total		<input type="text"/>
(Line 5 times Line 6)		

I authorize my employer to deduct from my paycheck the amount recorded in Line 7. I further understand that the payroll deduction will be effective January 1, 20____ through December 31, 20____.

Your Social Security number is required for payroll deduction.

Signature _____

Date _____

ONE-TIME DIRECT GIFT

I wish to donate to the listed organization(s) by writing a personal check or money order made payable to the organization of my choice. (No checks made to SECA.)

ORGANIZATION CODE	AGENCY CODE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
8. Total One-Time Direct Gift		<input type="text"/>

TOTAL SECA GIFT
 (Total Lines 7 and 8)
Thank You!

— RELEASE OF INFORMATION —

Check this box if your gift is over \$250.00 and you would like a receipt from the charity for IRS tax deduction purposes.

CHECK BOX IF YOU WISH TO BE ANONYMOUS

I wish my gift to be anonymous with the understanding that my name will not be reported to the charities I'm supporting and I will not be recognized for Leadership Giving.

Participating charities are prohibited from releasing, sharing or selling donor information.

For more information on leadership giving, visit the SECA website: www.secaillinois.org

SECA participating charities do not provide goods or services in whole or partial consideration for any contribution made by payroll deduction.