

# 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.



FIRST NAME	MI				
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LAST NAME	SUFFIX (Jr., Sr.)				
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AGENCY OR DEPARTMENT					
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BUREAU / INSTITUTION Line 1					
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BUREAU / INSTITUTION Line 2					
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EMPLOYEE TRACKING INFORMATION					
EMPLOYEE ID #	BUSINESS AREA	BUREAU CODE (OPTIONAL)			
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EMPLOYEE CONTRIBUTION INFORMATION		
<p><b>PAYROLL DEDUCTION (recurring or one-time)</b></p> <p># of Paydates Per Year <input style="width: 30px;" type="text"/></p> <p>Total Amount Per Pay Date <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p><b>\$</b> <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p><small>Instructions: For a <i>recurring</i> payroll deduction, leave the "# Paydates Per Year" field blank. For a <i>one-time</i> payroll deduction, enter "01" in this field. Any other values entered will be considered a recurring deduction.</small></p>	OR	<p><b>CHECK / MONEY ORDER</b></p> <p>Make check or money order payable to SECA</p> <p>Payment Amount <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p><b>\$</b> <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/></p>

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
<input type="checkbox"/> Check here if you would like an acknowledgement of your contribution from your designated charity(ies). <p style="font-size: small;">[Acknowledgement will be sent to employee address on file.]</p>

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)			
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 5%; text-align: center;">—</td> <td style="width: 45%;"></td> </tr> </table>		—		<p><b>\$</b> <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/></p>	<p><b>\$</b> <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/></p>
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LEADERSHIP GIVING
<input type="checkbox"/> 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
<p style="font-size: small;">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.</p>	