



State and University Employees Combined Appeal

Name: Last _____ First _____ MI _____
 Work E-mail _____ Last 4 of Social Security # or ID #
 Home Address _____ Required for Payroll Deduction
 City _____ IL Zip Code _____ 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 cost.)

1) Organization Code	Agency Code	Amount Per Pay	Charity Name
		-	
		-	
		-	
Total Amount Per Pay for This Organization			

2) Organization Code	Agency Code	Amount Per Pay	Charity Name
		-	
		-	
		-	
Total Amount Per Pay for This Organization			

3) Organization Code	Agency Code	Amount Per Pay	Charity Name
		-	
		-	
		-	
Total Amount Per Pay for This Organization			

4) Total per Pay (Total Lines 1 - 3)		I authorize my employer to deduct from my paycheck the amount recorded in line 4 beginning with January, 2025 pay period.
5) Number of Pay Periods		
6) Annual Payroll Deduction (Line 4 times Line 5)		

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.
 (Checks for 911-xxxx, make payable to America's Best Charities. Include the charity code(s) in the memo section on your check)

	Organization Code	Agency Code	Amount
7)			-
8)			-
9)			-
10) Total One-Time Direct Gift			

- I would like to remain anonymous from site recognition.
- I would like to opt out of donation gifts and incentives.

Total SECA Gift
 (Total lines 6 and 10)