

FOUR (4) DIFFERENT WAYS TO CONTRIBUTE TO AFSCME PEOPLE

Please complete this section of the form (PRINT CLEARLY), then select from the options listed below.



Last Name First Name
 *Shipping Address Apt./Lot #
 City State ZIP+4
 Last 4 Digits of Soc. Sec. No. Home Phone No.
 Local Name _____ Local No. _____

* Cannot accept "PO Box" Address

Initial Membership Re-enrollment Increase in Contribution Email _____

Jacket Size (Circle): XS S M L XL 2X 3X 4X 5X Received MVP Jacket at Sign-Up? Yes No, office to send.

In accordance with federal law, the PEOPLE Committee will accept contributions only from members of AFSCME and their families. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes. My contribution and/or authorization of charges is given voluntarily, and I understand that it is not required as a condition of membership in any organization, or as a condition of continued employment, and is free of reprisal. I understand that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute.

Check this BOX to sign up through PAYROLL DEDUCTION:

(Amount to be Deducted Annually in Equal Installments)

Championship Levels of Participation:

\$100 (MVP) \$250 (MVP- Bronze)
 \$500 (MVP- Silver) \$1,000 (MVP-Gold) Other \$ _____

AUTHORIZATION FORM — VOLUNTARY PAYROLL DEDUCTION

I hereby authorize my employer and associated agencies to deduct from each pay period the appropriate amount which will reflect my total annual contribution certified on this form as a voluntary contribution to be paid to the Treasurer of AFSCME PEOPLE, c/o OAPSE/AFSCME Local 4/AFL-CIO, 6805 Oak Creek Drive, Columbus, OH 43229-1591, to be used for the purpose of making political contributions and expenditures. My contribution is continuous unless revoked by me by giving written notice to my employer and my union.

Signature _____ Date _____

Check this BOX to use a CREDIT CARD:

I hereby authorize AFSCME PEOPLE to bill my credit card account listed below in the amount of \$ _____ monthly or a one-time charge of \$ _____. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE.

Name on Card _____

Expiration Date ____/____/____

Type of Card (Check ONE):

Visa MasterCard Discover American Express

Card No. _____ - _____ - _____ - _____

Signature _____ Date ____/____/____

Check this BOX to use ELECTRONIC FUNDS TRANSFER (EFT):

I hereby authorize AFSCME PEOPLE to make withdrawals from the account identified below at _____ (Financial Institution, herein referred to as FI) and authorize the FI to charge such withdrawals to my listed account. Such withdrawals shall be equal to \$ _____ and shall be payable monthly. If the purpose for withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE. I understand that AFSCME PEOPLE uses the money it receives for political purposes.

Name of Financial Institution _____ Checking Acct. Savings Acct.

FI Routing & Transit No. _____ Account to Debit _____

Signature _____ Date ____/____/____

Check this BOX for DIRECT CONTRIBUTION:

Attach CASH and/or PERSONAL CHECK or MONEY ORDER (made payable to "AFSCME PEOPLE") to this form.

Personal Check No. # _____ in the amount of \$ _____

Money Order in the amount of \$ _____

Cash in the amount of \$ _____ Signature _____ Date ____/____/____

Recruiter's Name _____

Recruiter's Local No. _____ [Created in House for the OAPSE Website]