## State and University Employees Combined Appeal PLEASE TYPE OR PRINT LEGIBLY

Nam	e: La	ist					Firs	st		MI	Required for Pay	vroll Deduction
Employer:							UIN:					
Hom	e Addı	ress:										
City:							IL Zip	Code:		Agency/Universi	ty: University of II	linois Springfield
						cript	ions		S	for 2020 particip		
							gh SEC		luct	BUTION ion the per pay amounts and to reduce administrativ		
1) Or	ganiz	ation C	ode	4	Agenc	y Code	•	Amount Per Pa	ıy	Ch	arity Name	
			-									
			-									
	Toto	al Amou	-	Day for	Thio	Organi	zation					
0.0						•					evite Alexan	
2) Ui	ganiz	ation C	ode		Agenc	y Code	•	Amount Per Pa	iy	Ch	arity Name	
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	Tota	al Amou	Int Per	Pav for	This	Organi	zation		_			
3) Oi		ation C		•		y Code		Amount Per Pa	ıv	Ch	arity Name	
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			-									
	Tota	al Amou	int Per	Pay for	This	Organi	zation					
4) To	tal na	r Pov (1	Fotal Lir	noc 1 2	۱ ۱					I authorize my employer to d		
<ol> <li>4) Total per Pay (Total Lines 1-3)</li> <li>5) Number of Pay Periods</li> </ol>									_	recorded in line 6 beginning Signature:	with the January p	Date:
6) Annual Payroll Deduction (Line 4 times Line 5)					ne 5)							
0) /		. ayı on	20000									
(N	o che		de pay	able to	SEC/ Chec	A. Plea	ting a p se inclu )11-xxx	ude the organiza	r mo	CT GIFT oney order made payable to or agency code(s) in the America's Best Charities.	memo section o	
7)			-			-				Please omit my name a	nd information fror	n the following:
8)			-							SECA Web page apprec		•
9)			-							Donor Gifts from SECA		,
10)			-							To the recipient charity(i	es) for acknowledg	ment.
							ect Gif	t			looo oha	ritios
	Tota	al SEC	A Gift	t (Tota	llines	6 and	11)			go.uis.edu/	Seca-Cila	inues

Total SECA Gift (Total lines 6 and 11)