

## **Authorization Form Voluntary Payroll Deduction**

			086-10 (AFSCME)
		PLEASE PRINT CLEARLY	
AFSCME Council#	Local#	First Name:	MI:
Deduction Per Pay Period  □\$8.35 □\$4.20 □Other \$	I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified in the	Last Name:	
Pay periods per month?	box provided as a voluntary contribu- tion to be paid to the treasurer of American Federation of State, County	Street: (no PO Boxes)	
Circle jacket size:  S M L XL 2XL 3XL 4XL	& Municipal Employees PEOPLE, AFL- CIO, P.O. Box 65334, Washington, D.C. 20035-5334, to be used for the	City:	
For Office Use Only	purpose of making political contribu- tions and expenditures. My contribu-	State: Zip: S.S. Number:	
☐ JACKET RECEIVED	tion is voluntary, and I understand that it is not required as a condition of membership in any organization, or as	Employer:	
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, and that I may revoke this authorization at any time by giving written notice.		Occupation:	
		Home Phone:	
		Cell Phone:	
Signature	Date	E-mail:	

Contributions or gifts to AFSCME PEOPLE are not deductible for federal income tax purposes. All contributions to AFSCME PEOPLE are voluntary and will be used for political purposes. Contributions are not a condition of membership or employment and refusal to contribute is free of reprisal. In accordance with federal law, AFSCME PEOPLE accepts contributions only from AFSCME members, executive and administrative personnel, and their families. Contributions from other persons will be returned..