Champion Card

Occupation: _____

Work Location: _____

Employer: _____

Name of Recruiter: _____

Voluntary Payroll Deduction

I hereby authorize my employer and associated agencies to deduct, each pay period, the amount certified as a voluntary contribution to be paid to the treasurer of American Federation of State, County and Municipal Employees PEOPLE, AFSCME, AFL-CIO, P.O. Box 65334, Washington, D.C. 20035-5334, to be used to support pro-worker candidates in federal, state, and local elections. My contribution is voluntary, 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, and that I may revoke this authorization at any time by giving written notice. AFSCME PEOPLE is required by law to make its best efforts to obtain and report the name, address, occupation, and employer or each contributor who gives more than $200 in a calendar year. Contributions or gifts to AFSCME PEOPLE are not deductible as charitable contributions for federal income tax purposes.

PLEASE PRINT CLEARLY

First Name: _____ MI: _____

Last Name: _____

IMPORTANT ☐ To comply with federal law you must provide your address. Check here to give UNAC/UHCP permission to use current address on member file.

DEDUCTION PER PAY PERIOD (26 pay periods per year)

☐ **UNAC CHAMPION** $12.00

☐ MVP $4.00

☐ **GO BIG!** $20.00

☐ Other $_____

Jacket Size

☐ S ☐ L ☐ 2XL

☐ M ☐ XL ☐ 3XL

☐ For Office Use Only Jacket Received

Signature: _____ Date: _____

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.