



VOLUNTARY PEOPLE DEDUCTION AUTHORIZATION

Ohio Civil Service Employees Association, AFSCME Local 11, AFL-CIO
390 Worthington Road, Suite A, Westerville, OH 43082



I hereby authorize the state of Ohio and its agencies to deduct each pay period the amount certified in the box provided as a voluntary contribution to be paid to the Treasurer of the American Federation of State, County and Municipal Employees, AFL-CIO, P.O. Box 65334,

Deduction Per Pay Period

\$4 MVP

\$10

Other \$ _____

Enter Jacket size (M-4XL):

For Office Use Only

JACKET RECEIVED

Washington, DC 20035-5334, to be used for the purpose of making political contributions and expenditures. 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.

Signature

Date

In accordance with federal law, AFSCME PEOPLE 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.

PLEASE PRINT LEGIBLY.

First Name

Initial

Last Name

Street Address

Apt. No.

City

State

ZIP Code

Employee ID Number

Department

Occupation

Home Phone

Work Phone

E-mail

Please Forward to OCSEA Office at address listed above.



714-12