



PEOPLE Contribution Form

Send completed form to:
AFSCME PEOPLE
1625 L St. NW
Washington, DC 20036

3 Easy ways to join!

Name

Council/Local _____ Address _____

City _____ State _____ ZIP _____

Phone number (H) _____ Phone number (W) _____

Employer _____ Occupation _____

E-mail

Please check one: Initial contribution Increase my contribution per pay period by \$ _____

FOR INTERNAL USE ONLY: Jacket received

1 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. This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE.

My authorization of these 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 that I will suffer no reprisal if I choose not to authorize withdrawals for the benefit of AFSCME PEOPLE. I understand that AFSCME PEOPLE uses the money it receives for political purposes.

Name on card _____ Expiration date _____

VISA MasterCard Discover Card American Express

Card number _____

Signature _____ Date _____

2 Check this box for deductions from your CHECKING or SAVINGS ACCOUNT

I hereby authorize the AFSCME PEOPLE to make withdrawals from the account, identified below at _____ (financial institution, hereinafter 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 PEOPLE. My authorization of these withdrawals 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 that I will suffer no reprisal if I choose not to authorize withdrawals for the benefit of AFSCME PEOPLE. I understand that AFSCME PEOPLE uses the money it receives for political purposes.

Signature _____ Date _____

Name of Financial Institution _____ FI Routing Number _____

Account Number _____ Type of Account: Checking Savings

3 Check this box for DIRECT CONTRIBUTIONS

Attach CASH or PERSONAL CHECK or MONEY ORDER made payable to "AFSCME PEOPLE" to this form, sign and date.

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.