



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, 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.

Deduction Per Pay Period

- \$4 MVP
- \$10
- Other \$ _____

Circle jacket size:

S M L XL 2XL 3XL 4XL

For Office Use Only

JACKET RECEIVED

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

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 Forward to OCSEA Office at address listed above.



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