

**Authorization for Payroll Deduction for the
ASEA/AFSCME Local 52 Political Action Committee
VOLUNTARY CONTRIBUTION**

COMPLETE AND RETURN TO:

ASEA/AFSCME Local 52, 1577 C Street, Suite 201, Anchorage, AK 99501
Phone: (907) 277-5200 Fax: (907) 277-5206

Social Security or Employee ID Number	Last Name	First	Middle
Home Phone	City	State	Zip + 4
Work Phone	Home E-Mail Address		

This form provides you the opportunity to sign up for the ASEA/AFSCME Local 52 Political Action program. You may either sign up for monthly donations or make an annual contribution to the program. The maximum amount that the program may accept annually from any individual is \$500. These contributions are not tax deductible.

AFSCME members who participate in the ASEA/AFSCME Local 52 PAC will automatically be participants of the P.E.O.P.L.E. program. P.E.O.P.L.E. is a national political action program by AFSCME that works with other labor unions, progressive organizations, labor councils and many other groups to help broaden our reach and expand our political strength.

- I understand that this contribution may be used for political purposes.
- I understand my contribution is voluntary.
- I understand that participation is not required as a condition of union membership or of continued employment, and that I may revoke this authorization at any time by giving 30 days written notice to the Union.

I AUTHORIZE THE STATE OF ALASKA TO DEDUCT THE FOLLOWING VOLUNTARY CONTRIBUTION FROM MY PAYCHECK EACH PAY PERIOD, TO BE PAID TO ASEA/AFSCME LOCAL 52 POLITICAL ACTION COMMITTEE.

\$2.00
 \$5.00
 \$10.00
 \$ _____ (Other - up to \$20.00)
 (\$5.00 minimum/per payroll contribution qualifies you for AFSCME Incentives)

X SIGN HERE

SIGNATURE OF BARGAINING UNIT MEMBER	DATE
PLEASE SELECT A JACKET SIZE: (CIRCLE ONE) S M L XL XXL	XXXL

ONE TIME DONATION

\$50.00 minimum
 \$75.00
 \$100.00
 \$250.00
 Other \$ _____
 (Up to \$500 per calendar year)

Please make checks payable to ASEA/AFSCME Local 52 PAC – No Cash Please

IF USING A PERSONAL CREDIT CARD, PLEASE PROVIDE THE FOLLOWING:

Amount \$ _____ VISA/MC # _____ Exp. Date: _____ CVC # _____
Last 3 digits (back of the credit card)

Name as it appears on Card _____ Signature: _____

Name of Person Recruiting Contribution _____	DATE _____
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