



PEOPLE Contribution Form

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

Three easy ways to donate! Earn MVP Rewards when you donate at least \$8.35 a month (\$100 annually). peoplerewards.afscme.org

Please check all that apply: New Contributor Renewal Increase Retiree Family Member

Council # _____ Local # _____ or Retiree Chapter/Sub-chapter _____

Membership # _____ (See your AFSCME Membership Card or your AFSCME Works address label.)

Name

Street _____ City _____ State _____ ZIP _____

Phone (H) _____ Phone (C) _____

Employer _____ Occupation _____

E-mail

As a first time MVP, we'll send you a PEOPLE jacket. Check your size: S M L XL Other _____

For office use only: jacket received

1

Check this box for a PERSONAL CHECK or MONEY ORDER (lump sum).

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

Signature _____ Date _____

2

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 One-Time Yearly
This authorization will remain in effect until written notice of termination is given to AFSCME PEOPLE.

VISA MasterCard Discover Card

Name on card _____ Expiration date _____

Card number _____ 3 or 4 digit security code (Back of card) _____

Signature _____ Date _____

3

Check this box to use your CHECKING or SAVINGS account.

I hereby authorize AFSCME PEOPLE to make withdrawals from the CHECKING or SAVINGS 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 AFSCME PEOPLE.

Signature _____ Date _____

Name of FI _____ FI Routing Number _____

Account Number _____ Type of Account: Checking Savings

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. 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.