| AFSCME PEOPLE Contribution Form | Send completed form to: AFSCME PEOPLE 1625 L St., NW Washington, DC 20036 | |
|--|--|--|
| Please check all that apply: 🗌 New Contributor 🗌 Renewal 🗌 Increase 🗌 Re | etiree 🗌 Family Member | |
| Council # Local #or Retiree Chapter/Sub-chapter _ | | |
| Membership # (See your AFSCME Membership Card.) | | |
| Name | | |
| Street City State | eZIP | |
| Phone (H) Phone (C) | | |
| Employer Occupation | | |
| E-mail | | |
| Check this box for a PERSONAL CHECK or MONEY ORDER (lump su Attach PERSONAL CHECK or MONEY ORDER made payable to "AFSCME PEOPLE" to this form, sign and Signature Date Check this box to use a CREDIT CARD. | d date. Mail to address above. | |
| I hereby authorize AFSCME PEOPLE to bill my CREDIT CARD account listed below in the amount of \$ | | |
| Name on card Expiration | date | |
| Card number3 or 4 digit security code | e (Back of card) | |
| Signature Date | | |
| Check this box to use your CHECKING OR SAVINGS ACCOUNT. | | |
| I hereby authorize AFSCME PEOPLE to make withdrawals from the CHECKING or SAVINGS a | norize the FI to charge such II be payable monthly. If the ries to correct errors are also Ider the Rules of the National | |

| Name of FI | _ FI Routing Number |
|----------------|---------------------|
| Account Number | _ Type of Account: |

Contributions or gifts to AFSCME PEOPLE are not deductible for federal income tax purposes. In accordance with federal law, AFSCME PEOPLE accepts contributions only from AFSCME members, executive and administrative personnel, and their families. Contributions to AFSCME PEOPLE are voluntary and are 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 contribute to AFSCME PEOPLE. I understand that AFSCME PEOPLE uses the money it receives to support pro-worker candidates for federal, state and local offices.