Iowa Council 61
AFSCME
We Make America Happen

AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION FOR AFSCME IOWA PEOPLE COMMITTEE

AFSCME Iowa Council 61 Local _____

_____
Last Name *First* *Middle*

_____
Address

_____
City *State* *Zip*

_____
Last 4 digits of Social Security Number *Phone Number*

_____
Email

☐ $100 MVP Club (_____per pay period) _____Cash

☐ Other $ _____ (_____per pay period)

(Jacket size ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL)

I hereby authorize my employer and associated agencies to deduct each pay period the amount certified above as a voluntary contribution to be paid to the treasurer of the PEOPLE qualified committee, AFSCME, AFL-CIO, POBox 65334, Washington, DC 20035, to be used in accordance with the by-laws of the PEOPLE qualified committee for the purpose of making political contributions. 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, and that I may revoke this authorization at any time by giving written notice.

_____ _____
Signature *Date*

In accordance with federal law, the PEOPLE committee 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.