



**NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES
AFSCME AFL-CIO**

1319 LOCUST STREET • PHILADELPHIA, PENNSYLVANIA 19107-5498 • 215-735-1300 • FAX 215-735-9878

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PLEASE GIVE THE ATTACHED TO IDA CARLTON,
WHEN IT IS COMPLETED DO NOT MAIL TO THE
ADDRESS ENCLOSED. YOU MAY MAIL IT TO THE
UNION HALL AT: DISTRICT 1199C 1319 LOCUST
STREET PHILADELPHIA, PENNSYLVANIA 19107
ATTN: IDA CARLTON, IF YOU HAVE ANY
QUESTIONS PLEASE CALLED 215-735-1300

United We Care

AFSCME PEOPLE MVP Program

PEOPLE Needs You

Like all aspects of our union, PEOPLE is nothing without our members. To provide a strong political voice for public employees, we need your help. You can become an active part of PEOPLE in many ways. The easiest way is by participating in a PEOPLE check-off program to provide a regular contribution that we can count on as we work with candidates and campaigns throughout the year to make sure our members' interests are represented.

Politicians will make decisions that have a great impact on you – from privatization to pensions – with or without your input. Make your voice heard by joining with other members in PEOPLE.

Join Now and Get Involved By:

- Making a PEOPLE donation. Individual contributions can be made by check, money order, cash or credit card.
- Signing a payroll deduction card for PEOPLE check-off. Check with your local to learn if this option is available.
- Signing up for Electronic Funds Transfer (EFT) through your regular checking or savings account.
- Organizing PEOPLE fundraising events.
- Getting active in your union's PEOPLE committee.
- Contacting AFSCME PEOPLE by telephone, 202-429-1021 or by e-mail, people@afscme.org.

The MVP program recognizes AFSCME members who can give a little bit more. As a MVP member at \$100 a year, you are in the forefront of our union's fight to improve and protect our jobs, working conditions and retirement. By continuing your MVP contributions, you will receive the premiums shown below. It's our way of saying THANK YOU.

★ FIRST YEAR

MVP: \$100 per year – MVP Jacket

MVP Gold: \$250 per year – Gold and Silver Watch

MVP Platinum: \$500 per year – *Great new item to be announced soon!*

★ SECOND YEAR

Flashy new pen set

★ FIFTH YEAR

Pullover zippered shirt

★ TENTH YEAR

New polo shirt

★ FIFTEENTH YEAR

Canton fleece jacket

Premium Duffle Bag:

One-time recognition for contributions of \$50 per year or more, but less than \$100.

Make Things Happen with PEOPLE – Join Today!



MVP MEMBERSHIP FORM

Complete the following to become an AFSCME MVP member.

Make a copy of this authorization for your records.

Name _____ Council, Local _____
 Address _____ E-Mail _____
 City _____ State _____ ZIP _____
 Phone Number (Home) (_____) _____ Phone Number (Work) (_____) _____
 Social Security # _____ Circle Jacket Size: S M L XL 2X 3X 4X
 Employer _____ Occupation _____
 Level MVP (\$100) Other \$ _____
 Payment (choose only one) Cash Check Credit Card (see below) Debit from bank account (see below)

Credit Card

I hereby authorize the PEOPLE Qualified Committee (herein referred to as PEOPLE) to bill my credit card account listed below in the amount of \$ _____ monthly. This authorization will remain in effect until written notice of termination is given to PEOPLE.

My authorization of these charges 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 PEOPLE.

VISA MasterCard Discover Card AMEX

Expiration date _____
 Name on card _____
 Card number _____
 Signature _____
 Date _____



Debits from your checking or savings account.

I hereby authorize the PEOPLE Qualified Committee (herein referred to as PEOPLE) to make withdrawals from the 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 PEOPLE.

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 PEOPLE.

Type of Account: Checking Savings

Name of Financial Institution _____

FI Routing & Transit Number _____

Account to Debit _____

Signature _____

Date _____

Send completed form to:
 AFSCME PEOPLE
 P.O. Box 65334
 Washington, DC 20035-5334