

PAYROLL NUMBER (IF REQUIRED)

SOCIAL SECURITY NUMBER

PRINT EMPLOYEE NAME

PAYROLL AUTHORIZATION CARD

CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

I hereby authorize my employer to deduct from my wages the sum of \$_____ **each pay period** and to remit such amount to the Communications Workers of America Committee on Political Education Political Contributions Committee. ("CWA-COPE PCC")

**THIS AUTHORIZATION IS VOLUNTARILY
MADE BASED ON MY SPECIFIC
UNDERSTANDING THAT:**

▶ The signing of this authorization card and the making of contributions to CWA COPE PCC are not conditions of membership in the union nor of employment with the Company and that I may refuse to do so without fear of reprisal.

FOLD HERE

FOLD HERE

- ▶ I am making a contribution to a joint fund-raising effort sponsored by CWA-COPE PCC and the AFL-CIO Committee on Political Education Political Contributions Committee ("AFL-CIO COPE PCC") and that CWA-COPE PCC and AFL-CIO COPE PCC will use my contributions for political purposes, including but not limited to, the making of contributions to or expenditures on behalf of candidates for federal, state, and local offices and addressing political issues of public importance.
- ▶ Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and the name of employer of individuals whose contributions exceed \$200 in a calendar year.
- ▶ Contributions or gifts to CWA-COPE PCC and AFL-CIO COPE PCC are not deductible as charitable contributions for federal income tax purposes.

Check one: New Enrollment Change of Amount

EMPLOYEE SIGNATURE

DATE

LOCAL NUMBER

EMAIL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

NAME OF EMPLOYER

OCCUPATION