

CWA-COPE INCOME TRANSMITTAL

Report # _____
(Year/Month date)

Date _____

CWA Local _____

Quota Year _____

Check Amount _____

Date of Check _____

TYPE OF CONTRIBUTION (SELECT ONE):

- IC (Individual Contribution) — “FREE MONEY”
- TC (Treasury Contribution) — “RESTRICTED MONEY”

The Following is Necessary for Accurate Crediting of IC Money

This IC money should be credited as follows:

- Local Only
- Individual Contributor Account As Follows:

NAME	SS#	AMOUNT	Q – PQ – TQ

Please mail completed form with Check (payable to CWA-COPE PCC) to Phyllis Jackson, 3516 Covington Highway, Decatur, GA 30032