



Communications Workers of America

501 Third Street, N.W.
Washington, D.C. 20001
Fax: (202)434-1481

CWA Pediatric AIDS Foundation

Deduction Authorization

Please deduct our annual Pediatric AIDS quota from our dues checks. The deduction rate per month shall be determined by dividing the annual quota by the number of dues months left to be processed for the calendar year. I understand this authorization will remain in effect unless I submit written revocation. Each year I will be notified of the amount of my quota, when deductions will begin and the amount to be deducted per month.

_____ (Name) _____ (Title)

_____ (Local) _____ (Date)

Please complete and return this form by either:

Fax to: (202)434-1481

U.S. Mail: Sara Steffens, S-T
CWA Headquarters
Attn: Pediatric AIDS
501 Third Street, N.W.
Washington, DC 20001

Email PDF to: stoffice@cwa-union.org