

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.

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

Authorized by the Communications Workers of America and the AFL-CIO on behalf of a joint fund-raising effort by CWA-COPE PCC and AFL-CIO COPE PCC.





CWA-COPE MEMBERSHIPS

Name (please print) _____ Date _____

Home Address _____

City _____ State _____ Zip _____

E-Mail _____ CWA Local _____

(Please select the membership level that applies to you, by circling the gift you would like to receive.)

<p style="text-align: center;">MEMBERSHIP CLUB \$1/WEEK <i>Tumbler</i></p>	<p style="text-align: center;">PLATINUM QUORUM \$5/WEEK <i>Stadium Blanket</i> or <i>Mag-Lite Solitaire</i></p>	<p style="text-align: center;">TRIPLE QUORUM \$7/WEEK <i>Multi-Tool</i> or <i>12-Pack Cooler</i></p>	<p style="text-align: center;">PRESIDENT'S CLUB \$10/WEEK <i>Men's Watch</i> or <i>Women's Watch</i></p>
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Methods of Payment: (Please choose one.)

- 1. Check or Money Order made payable to CWA-COPE PCC in the amount of \$_____ (enclosed)
- 2. Deductions by employer from paycheck of \$_____ per week. (Please fill out a deduction card and return it to your employer.)
- 3. Direct Debit from bank account of \$_____ per week.

Return this form to your:
CWA District Office
Attn: Legislative/Political Coordinator

For CWA District Office Use Only

Date received: _____

Date sent to Headquarters: _____

A copy of our report is filed with the Federal Election Commission and is available from the Federal Election Commission, Washington, D.C. Contributions or gifts to CWA-COPE and CWA-COPE PCC are voluntary and are not deductible as charitable contributions for federal income tax purposes.

CWA

POLITICAL ACTION

Incentive Award Program Participant

Please accept a gift from the appropriate level as a "Thank you" for supporting CWA-COPE.

Membership Club
\$1/week



Tumbler

Platinum Quorum
\$5/week



Stadium Blanket

OR



Mag-Lite Solitaire

Triple Quorum
\$7/week



Multi-Tool

OR



12-Pack Cooler

President's Club
\$10/week



Men or Women's Watch