

2016 Eduardo Diaz Union-to-Union International Solidarity Fund

Administrative Procedures

Dates of the Program & Assigned Quotas

The 2016 Union-to-Union Program will be conducted on a calendar year basis beginning January 1, 2016, through December 31, 2016. The Union's Convention established a minimum Union-to-Union quota of at least \$.10 per member per year. This quota is based on the previous year's October Membership Development Report (i.e., 2016 quotas are based on the 2015 October Membership Development Report).

Transmittal and Credit for Contributions

All checks which represent local contributions must be made payable to: "CWA/Union-to-Union." Please forward all contributions to:

Sara Steffens, Secretary-Treasurer
CWA Headquarters
ATTN: Minda Niere
501 Third Street, N.W.
Washington, D.C. 20001-2797

AUTOMATIC DEDUCTION PROCEDURE AND FORM

To further improve our efficiency in the way we collect donations, locals that elect to pay their quota via automatic deduction will no longer have to complete the form every single year. Upon completion of the auto deduct form, this method of collection will remain active unless a local gives notification to cancel the auto deduction.

Contributions by dues deduction will be processed by completing a UTU Dues Authorization Form and returning it to Sara Steffens either by e-mail as PDF to sara_steffens@cwa-union.org; FAX at 202.434.1481; or by U.S. mail to the above address.

NOTE: Dues deduction is not available to locals that are 100 percent local collection or cash dues. If a local receives individual member contributions, the local must deposit this money in the local's account and forward one local check for the total amount of contributions received.



Communications Workers of America

501 Third Street, N.W.
Washington, D.C. 20001
Fax: 202.434.1481

Eduardo Diaz Solidarity Fund Union-to-Union Deduction Authorization

Please deduct our annual Union-to-Union 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: Minda Niere
501 Third Street, N.W.
Washington, DC 20001

E-mail PDF to: sara_steffens@cwa-union.org

