

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

CWA COPE MEMBERSHIPS

Signed: _____ Date: _____

Name (printed) _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____

Phone (____) _____ E-Mail _____

Job Title _____ CWA Local _____

Recruited by: _____
(SELECT FROM LEVEL THAT APPLIES TO YOU)

**MEMBERSHIP
CLUB
\$1/WEEK**

Choose one: **New Era Cap** or **Tumbler**

**PLATINUM
QUORUM
\$5/WEEK**

Choose one: **Note Jotter** or **Weekender Wallet**

**TRIPLE
QUORUM
\$7/WEEK**

Choose one: **Duffle bag** or **26 Qt. Cooler**

**PRESIDENT'S
CLUB
\$10/WEEK**

Choose one: **Men's Watch, Women's Watch, Day Calendar, or 5" Knife**

Methods of Payment: (Please check)

- Check or money order made payable to CWA-COPE PCC in the amount of \$_____ enclosed.
- Deductions by employer from paycheck of \$_____ per week.
(Return deduction card to employer)

Return original and copy to your:

**CWA DISTRICT OFFICE
ATTENTION: LEGISLATIVE/POLITICAL COORDINATOR**

For CWA District Office Use Only

Date received: _____

Date Sent to Headquarters: _____

Incentive Request Sent to K&R: _____

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 not deductible as charitable contributions for federal income tax purposes.





INCENTIVE AWARD PROGRAM PARTICIPANT

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

COPE CLUB
\$1/WEEK
(CHOOSE ONE)



PLATINUM QUORUM
\$5/WEEK
(CHOOSE ONE)



TRIPLE QUORUM
\$7/WEEK
(CHOOSE ONE)



PRESIDENT'S CLUB
\$10/WEEK
(CHOOSE ONE)

