CWA-COPE Personal Check Form

CWA Local: ________________  Date: ________________

Check Amount: $______________  Retiree: ________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Last 4 of SS#</th>
<th>Employer</th>
</tr>
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</table>

Federal law prohibits CWA or CWA-COPE PCC from soliciting contributions from persons other than CWA members, CWA executive and administrative personnel, and their families.

- I am making a contribution to a joint fund-raising effort sponsored by the 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.

Please mail this form to:

CWA COPE PCC
501 Third Street, NW
Washington, DC 20001
Attn: Krystal Dehaba
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.)

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’s Watch
or
Women’s Watch

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

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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.
Incentive Award Program Participant

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

**Membership Club**  
$1/week

**Platinum Quorum**  
$5/week

**Triple Quorum**  
$7/week

**President’s Club**  
$10/week

**OR**

- Tumbler
- Stadium Blanket
- Mag-Lite Solitaire
- Multi-Tool
- 12-Pack Cooler
- Men or Women’s Watch