AUTHORIZATION FOR VOLUNTARY DEDUCTION

UFT COPE COMMITTEE, P.O. Box 1005, New York, NY 10274-1005

PRINT CLEARLY OR TYPE

			–			–				

$2.00

LAST NAME | FIRST | INITIAL | SOCIAL SECURITY NUMBER | AMOUNT PER MONTH

Home Address

STREET AND NO. | CITY | STATE | ZIP

I hereby authorize regular deductions from my earnings in the amount specified hereon as a voluntary contribution to be paid to the treasurer of the UFT COPE Committee, to be used in accordance with the Bylaws of the Said Committee and applicable law for the purpose of making political contributions and expenditures. My contribution is voluntary, and I understand that it is not required as a condition of employment, and that I may revoke this authorization at any time by giving written notice to the treasurer of the UFT COPE Committee and/or my payroll office, such revocation being effected when accepted into the employer's payroll system. This authorization supercedes all previous authorization.

A **Contributions or gifts to Vote/COPE are not deductible as charitable contributions for federal income tax purposes.**

SIGNATURE | DATE

RN REPRESENTATIVE | DATE | EMPLOYER | BOROUGH

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