

AUTHORIZATION FOR VOLUNTARY MONTHLY DEDUCTION

UFT-RTC COPE, 52 Broadway, 17th floor, New York, NY 10004

PRINT CLEARLY

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Check one: \$_____ Other \$10.00 \$5.00 \$2.50

SOCIAL SECURITY NUMBER

Last Name _____ First _____ Initial _____

Home Address _____ City _____ State _____ Zip _____

I hereby authorize regular monthly deductions from my pension check 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 in connection with federal elections and in joint fund raising activities of the American Federation of Teachers COPE and AFL-CIO COPE. My contribution is voluntary, and I understand that I may revoke this authorization at any time by giving written notice to the treasurer of the UFT COPE Committee, such revocation being effected when accepted into the Pension Payroll system. This authorization supercedes all previous authorization.



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

Signature _____ Date _____

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