



Contribution Card

NAME: _____

MEMBER ID#: _____

ADDRESS: _____

DATE: _____

LOCAL#: _____

Contribution \$ _____

Cash Check Check# _____ *Make checks payable to VOTE-COPE*

Please provide your E-mail address: _____

Return this form to your local VOTE-COPE coordinator.

VOTE-COPE is the New York State United Teachers' political action fund.

VOTE-COPE solicits and accepts only voluntary contributions.

Contributions or gifts to VOTE-COPE are not tax deductible.



Payroll Deduction Authorization Card

NAME: _____

MEMBER ID#: _____

ADDRESS: _____

DATE: _____

LOCAL#: _____

**The easiest way to support VOTE-COPE ...
Designate an amount to be withheld from
your regular paycheck, and it's done!**

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Please provide your E-mail address: _____

Return this form to your local VOTE-COPE coordinator. **Please read and sign the reverse side.**



Payroll Deduction Authorization Card

The undersigned authorizes (name of employer) _____
to deduct from each of my regular paychecks (or from one paycheck at a specific time) the sum of \$ _____
and to forward that amount to VOTE-COPE, P.O. Box 5190, Albany, NY 12205-0190.

This authorization is made voluntarily and without fear of reprisal and with the understanding that the making of contributions to VOTE-COPE is not a condition of membership in any labor organization or of my employment and that VOTE-COPE will use the money it receives to make political contributions and expenditures in connection with federal, state and local elections. This authorization shall remain in full force and effect for all purposes while I am employed, or until revoked by me in writing.

Name _____ ID# _____

Phone # _____ Date _____

Signature _____

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