

It can't happen without you!

Stand up and give to VOTE-COPE!

NAME: _____

ADDRESS: _____

MEMBER ID#: _____

LOCAL#: 06-205



Count me in!

I want to support my union's efforts to protect public education, access to health care, labor rights and fairness for working families — all through my voluntary contribution to VOTE-COPE.

There's no easier way to support VOTE-COPE.

Please keep this top section for your records. Date: _____ Check # _____ Amount: _____

VOTE COPE Contribution Card

Contribution \$ _____ Check # _____

Make checks payable to VOTE-COPE and return this form to your local V-C volunteer (see information on back).

MEMBER ID#: _____

NAME: _____

ADDRESS: _____

LOCAL#: 06-205

This section for local records:

Payroll Deduction

Paid by Check # _____

Contribution \$ _____

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.

VOTE COPE Payroll Deduction Authorization Card

NAME: _____

MEMBER ID#: _____

ADDRESS: _____

LOCAL#: 06-205

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





Thank you for your support!

It is important that we receive the original form so that we can accurately credit your contribution.

Please keep a copy for your records.

To contribute through payroll deduction, please complete the bottom section.

If you wish to make a direct contribution by check, please use this middle section.

Return the form to your local VOTE-COPE volunteer:

If there is no name and address listed above, you may mail your form directly to:

**VOTE-COPE
P.O. Box 5190
Albany, NY 12205-0190**

VOTE COPE 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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