



CWA Retired Members' Council
COPE CHECK-OFF
(Direct Debit of Monthly Donation)

I hereby authorize the Communications Workers of America Committee on Political Education Political Contributions Committee, hereinafter called the CWA-COPE PCC to initiate a monthly debit to my

Checking Account **Savings Account**

in the amount of (circle one): \$4 \$6 \$8 \$10 per month.

I understand I am entitled to a COPE incentive award based on my monthly contribution. I have indicated my choice on the reverse of this document

Attach a Void Check Here – Very Important

NAME OF BANK _____

CITY AND STATE _____

This authorization is to remain in full force and effect until the CWA-COPE PCC and the bank have received written notification from me of its termination in such time and in such manner as to afford the parties a reasonable opportunity to act on it.

Signature and Date _____

Print Name _____

Email _____

Mailing Address _____

Chapter Number (if known) **Retired** Occupation _____
Social Security Number (for verification purposes only)

This Authorization is voluntarily made based on my specific understanding that:

- The signing of this authorization card and the making of contributions to CWA-COPE PCC are not conditions of membership in the Council and that I may refuse to do so without fear of reprisal.
- I am making a contribution to a joint fund-raising effort sponsored by 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.
- Contributions to CWA-COPE PCC and AFL-CIO COPE PCC are not deductible as charitable contributions for federal income tax purposes.
- In the event a debit is made to my account in error, I authorize CWA-COPE PCC to make the correction under the condition that I am notified of the adjustment.

(Signature of Union Representative Certifying that Retiree is Eligible to Participate)

Please be sure to attached your void check and to choose your Incentive Award (see other side)

Send to **HELEN GIBSON**
 CWA RETIRED MEMBERS COUNCIL
 501 3RD STREET, NW
 WASHINGTON, DC 20001-2797

RMC COPE INCENTIVE AWARD PROGRAM

Please indicate your level of giving and your choice of award incentive:

_____ **COPE Club - \$4 per month**

_____ *New Era Cap* or

_____ *Tumbler*

_____ **Platinum Quorum - \$6 per month**

_____ *Note Jotter* or

_____ *Weekender Wallet*

_____ **Triple Quorum - \$8 per month**

_____ *Duffle Bag* or

_____ *26 Quart Cooler*

_____ **President's Club - \$10 per month**

_____ *CWA Watch* or

_____ *Day Calendar* or

_____ *5" Knife*