

PAYROLL NUMBER (IF REQUIRED)	SOCIAL SECURITY NUMBER	PRINT EMPLOYEE NAME



**CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE**  
 I hereby authorize the City of Columbus to deduct from my wages the sum of \$ \_\_\_\_\_ per month and to remit such amount to the Communications Workers of America Committee on Political Education Political Contribution Committee. ("CWA-COPE PPC")

**CMAGE/CWA Local 4502**

**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 union nor of employment with the City of Columbus 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.
- Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and the name of employer of individuals whose contributions exceed \$200 in a calendar year.
- Contributions or gifts to CWA-COPE PCC and AFL-CIO COPE PCC are not deductible as charitable contributions for federal income tax purposes.

Check one:  New Enrollment  Change of Amount

**UNION COPY**

EMPLOYEE SIGNATURE	DATE	LOCAL #4502		
EMAIL ADDRESS	STREET ADDRESS	CITY	STATE	ZIP CODE
<b>City of Columbus</b>				
NAME OF EMPLOYER	JOB CLASSIFICATION			

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