



HIGHER ED  
ACTION FUND PAC



**UUP VOTE-COPE Voluntary Contribution**  
**United University Professions**  
**P.O. Box 15143, Albany, NY 12212-9954**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address (Include Street, City, State, Zip) \_\_\_\_\_

Campus \_\_\_\_\_ Department \_\_\_\_\_ Non-SUNY Email \_\_\_\_\_

**AUTHORIZATION FOR VOLUNTARY DEDUCTION**

Effective no earlier than \_\_\_\_\_ (enter date), I hereby authorize regular payroll deductions from my earnings in the amount specified below as a voluntary contribution to be paid to VOTE-COPE, to be used in accordance with applicable law for the purpose of making political contributions in connection with federal, state, and local elections. My contribution is voluntary, I understand that it is not required as a condition of employment, and that I may revoke this authorization at any time by giving written notice to the Secretary/Treasurer of United University Professions. Forty percent (40%) of my contribution is returned to the UUP Higher Education Action Fund.

Contribution Per Pay Period (Circle One)      \$1      \$5      \$10      Other \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_