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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, and 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.

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

Signature _____ Date _____