

UUP VOTE-COPE Voluntary Contribution • United University Professions • P.O. Box 15143, Albany, NY 12212-5143

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 Treasurer of United University Professions.

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

Signature _____ Date _____