

CONTRIBUTION FORM

NATIONAL UNION OF HEALTHCARE WORKERS

In order to build a democratic movement of healthcare workers, I authorize the National Union of Healthcare Workers to deduct my donation from my bank account or charge it to my credit/debit card each month.

S100/month \$75/month	S50/month \$	S35/month \$35/month	Section \$25/month	S10/month								
First Name Last Name												
Billing Address Apt. No.												
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2 Ways to Contribute: 1	By Credit/Debit Carc	OR 2 By Automatic	Deduction From Bar	nk Account								
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Bank Name:												
Your Routing Number:	Your Accou	nt Number:										

This authorization is made voluntarily and shall remain in full force and effect until revoked by me in writing. By my signature below I agree to the following terms and conditions:

Check Only One:

I am a healthcare worker and eligible to be a member of the National Union of Healthcare Workers (NUHW).

I am not a healthcare worker eligible to be a member of NUHW, but I am an individual who is not an employer, and I am not making this contribution on behalf of any employer as defined by law.

I understand that:

- I am not required to make contributions to NUHW as a condition of my employment by my employer or membership in any Union;
- The contribution amounts on this form are merely a suggestion, and I am entitled to contribute more or less by this or some other means without fear of favor or disadvantage from any Union or my employer;
- · Contributions to NUHW are not tax-deductible as charitable contributions.
- To change or cancel this contribution, I must submit a written request to NUHW by email, fax or mail.

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Signature Date Signed You can also sign up online at <u>www.nuhw.org</u> , fax this form to (510) 834-2018,								-
	email to kbesst@nuhw.org, or mail it to NUHW at 5801 Christie Ave, Ste 525	5, E	mei	ryville	e, C/	A 946	i08	

NUHW