NATIONAL UNION OF HEALTHCARE WORKERS

NUHW COPE

Committee on Political Education

Authorization for voluntary campaign contributions

Your voice can impact the political decisions that affect the funding and delivery of healthcare in our community.
Sign up for COPE today!

Please print clearly

First Name **M.I.** **Last Name**

Street Address **Apt. No.**

City **Zip**

Home Phone - -

Cell Phone - -

Social Security Number (Last 4 Digits) X X X - X X -

Employer/Facility

I have attached a check or cash in the amount of $_____

I understand that this contribution is not tax-deductible and that this contribution is strictly voluntary and will be used for political purposes.

The signing of this authorization form and the making of these voluntary contributions are not conditions of membership in NUHW nor of my employment. My Union will not favor or disadvantage anyone by reason of the amount of their contribution or decision not to contribute. I may refuse to contribute without reprisal.

Federal campaign law requires political committees to report the following information for individuals whose contributions are more than $200 per year: name, address, occupation and employer. All information will be kept confidential unless disclosure is required by law. You must be a member of NUHW or on its administrative/executive staff to make a contribution. You must be a U.S. Citizen or a person lawfully admitted for permanent residence in the United States in order to contribute. Contributions to NUHW COPE may not exceed $5,000 per calendar year, per contributor.

Signature **Date**