

# To Contribute to COPA via Electronic Fund Transfer

Please fill out and mail coupon *with a voided check or a copy of a check* to:

APWU COPA • PO Box 96542 • Washington, DC 20077-7120

The COPA fund will automatically deduct the amount you choose to contribute, with no fee to you. I hereby authorize my bank to deduct from my checking account the sum of:

\$1     \$2     \$4     \$6     \$10    \$ \_\_\_\_\_

**per pay period** and forward that amount to the American Postal Workers Union, Committee on Political Action (COPA). I make this authorization voluntarily and may revoke it at any time by notifying the APWU COPA Committee in writing.

If you are currently contributing to COPA through EFT and want to change the amount of your deduction, please check this box:

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Local \_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_

This COPA solicitation is paid for by the American Postal Workers Union, AFL-CIO, 1300 L St., N.W., Washington, D.C. (202) 842-4200; it is not authorized by any candidate or candidate's committee. Contributions or gifts to COPA are not deductible as charitable contributions for federal income tax purposes. COPA will use the contributions it receives for political purposes, including making contributions to candidates for federal, state and local offices, and addressing political issues of public importance. Contributions to COPA are voluntary. More or less than the suggested amount may be given, and the amount given or the refusal to give will not benefit or disadvantage the person being solicited. Federal law requires political action committees to report the name, mailing address, occupation, and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

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# To Contribute to COPA by Check or Credit Card

Please fill out this coupon and mail to:

APWU COPA • PO Box 96542 • Washington, DC 20077-7120

I would like my contribution of \$ \_\_\_\_\_ charged against my MasterCard, Visa, AMEX or Discover Account.

My check in the amount of \$ \_\_\_\_\_ is enclosed. (Please make your check payable to APWU COPA.)

Check one:  Monthly     Quarterly     One-time Only

MasterCard or Visa Number \_\_\_\_\_

AMEX or Discover Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

I authorize COPA to charge my contribution against my credit card.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Local \_\_\_\_\_

Occupation \_\_\_\_\_

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