

## Payroll Deduction Authorization

	ndersigned author paychecks the su		the Mamaroneck Pu	ıblic Sc	chool District	to dec	luct from	each of my	
\$	3.50		\$5.00	\$	66.00		Other		
and to forward that amount to VOTE-COPE, P.O. Box 5190, Albany, NY 12205-0190. I understand that this designated amount will continue to be deducted until revoked by me in writing.									
NYSUT will not disadvantage anyone by reason of the amount of their contribution or decision not to contribute. Contributing to VOTE-COPE is voluntary, and NYSUT members may refuse to contribute to VOTE-COPE without reprisal. Contributing to VOTE-COPE is not a condition of membership in any labor organization. VOTE-COPE may use the money it receives to make political contributions and expenditures in connection with federal, state and local elections.									
I expressly acknowledge and understand that the deduction, as specified above, be withheld from each of my regular paychecks. I hereby certify that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as provided by law.									
1	Name			ID;	ID#		VOTE-COPE is the New York State United		
F	Phone #			Da	ite		Teachers' political action fund.		
Ş	Signature						Contributions or gifts to VOTE-COPE are not tax		
1	Name of Your Loc	amaroneck Teachers	s' Assoc	<u>ciation</u>		deductible as charitable contributions for federal income tax purposes.			