

## **A Message from your Treasurer**

VOTE-COPE is the political fund for NYSUT. Your voluntary contribution to this fund allows our union to advocate for the issues and legislation that are crucial to each of us. Those areas concern funding, insurance, salaries and pensions. Please sign up for pension deduction for the organization that affords amazing benefits to all retirees.

On the reverse side of this letter is the pension deduction form needed to contribute to VOTE- COPE. You may choose to contribute \$2.00 a month that equals \$24.00 per year. If you choose \$3.00 it will amount to \$36.00 a year. Whatever amount you choose is taken out of your pension each month. YOU control the amount.

Just follow the directions on the form and mail it directly to

VOTE-COPE  
P.O. Box 5190  
Albany, New York 12205-0190

By the way, our local number is 21-010 and you can find your member ID number on any statement sent to you by NYSUT or your NYSUT membership card.

Sincerely,

*Marge Kirchner*



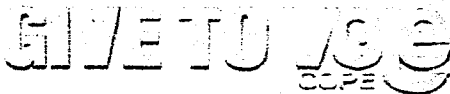
ADDRESS: \_\_\_\_\_

MEMBER ID#: \_\_\_\_\_

LOCAL#: 21-010

## Count me in!

I want to support my union's efforts to protect public education, access to health care, labor rights and fairness for working families — all through my voluntary contribution to VOTE-COPE.



**There's no easier way to support VOTE-COPE.**

Please keep this top section for your records. Date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_

## VOTE COPE Contribution Card

Contribution \$ \_\_\_\_\_ Check # \_\_\_\_\_

*Make checks payable to VOTE-COPE and return this form to your local V-C volunteer (see information on back).*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCAL#: \_\_\_\_\_

MEMBER ID#: \_\_\_\_\_

Please provide your Email address:  
\_\_\_\_\_

### This section for local records:

Pension Deduction

Paid by Check # \_\_\_\_\_

Contribution \$ \_\_\_\_\_

NAME: \_\_\_\_\_

VOTE-COPE is the New York State United Teachers' political action fund. VOTE-COPE solicits and accepts only voluntary contributions. Contributions or gifts to VOTE-COPE are not tax deductible.

## VOTE COPE Pension Deduction Authorization Card

NAME: \_\_\_\_\_

MEMBER ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCAL#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I belong to the New York State Teachers' Retirement System (NYSTRS), or

I belong to the New York State Employees' Retirement System (NYSERS) and I hereby request monthly withholding of union deductions from my monthly benefit as permitted by Section 536 of the Education Law and Section 110-C of the Retirement Social Security Law.

NYSTRS or NYSERS is authorized to continue taking such deduction until NYSUT receives written notice from me to the contrary.

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Return this form to your local VOTE-COPE volunteer. Please read and sign the reverse side.



**Together, we have the power to be heard.  
Thank you for your support!**

*For more information, go to: [www.nysut.org](http://www.nysut.org)*

*It is important that we receive the original form so that we can accurately credit your contribution.*

*Please keep a copy for your records.*

*To contribute through pension deduction, please complete the bottom section.*

*If you wish to make a direct contribution by check, please use this middle section.*

**Return the form to your local VOTE-COPE volunteer:**

*If there is no name and address listed above, you may mail your form directly to:*

**VOTE-COPE  
P.O. Box 5190  
Albany, NY 12205-0190**



## **Pension Deduction Authorization Card**

The undersigned authorizes the New York State Teachers' Retirement System (NYSTRS) or the New York State Employees' Retirement System (NYSERS) to deduct from each of my regular defined-benefit pension payments the sum of \$5, \$3 or Other \$\_\_\_\_\_ (per month) and to forward that amount to VOTE-COPE, P.O. Box 5190, Albany, NY 12205-0190. I understand that this monthly amount will continue to be deducted until revoked by me in writing.

This authorization is made voluntarily and without fear of reprisal and with the understanding that the making of contributions to VOTE-COPE is not a condition of membership in any labor organization, will not impact the provision of my defined-benefit pension and that VOTE-COPE will 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 monthly and that NYSUT will transmit this authorization to the appropriate retirement system. I hereby certify to NYSTRS and NYSERS that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as provided by law.

Name \_\_\_\_\_ Pension # \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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