



JOIN THE FIGHT



CWA PAF IS WINNING

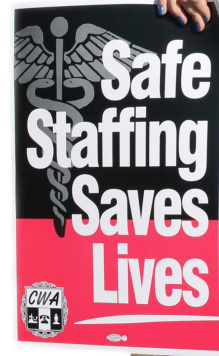


BUILD CWA POLITICAL POWER: SIGN UP FOR PAF TODAY!

Political power and influence helps us win for CWA members.

We've pushed for patient care over profits, and won!

- ✓ We fought for (and won!) a law to ban hospitals from requiring overtime for nurses except in cases of declared emergency.
- ✓ We lobbied for the New York State Safe Patient Handling Act, establishing hospital policies to protect staff and patients.
- ✓ We forced the NYS Assembly to pass the Safe Staffing for Quality Care Act with a landslide vote of 108 to 32.
- ✓ We've sent buses filled with hundreds of healthcare workers to Albany over the years to tell our elected officials about what healthcare in the frontlines is really like.



Yes, I want to help win more for **CWA** members.

Every dollar you give to CWA PAF is put to work building political power for you, your family and your future. **Through PAF, CWA will have the strength we need to pass laws that protect our jobs and fight for quality public services.**

SIGN ME UP FOR CWA PAF AT:

(Check one):

- ☐ \$20 per week
- ☐ \$15 per week
- ☐ \$10 per week
- ☐ I am currently contributing \$____ and want to increase my contribution by \$____ to \$____ per week.

I authorize my local union to determine how much I am currently contributing and fill in the new total amount to go to my payroll clerk above.

The amounts suggested above are merely guidelines, and CWA will not favor or disadvantage me because of the amount of my contribution or my decision not to contribute.

EMPLOYEE NAME

LAST 4 DIGITS OF SSN

HOME ADDRESS

CITY

STATE

ZIP

EMAIL (Do not use a work email address)



Yes! I want to receive text messages from CWA.

Reply STOP to quit. Message & data rates may apply.

HOME PHONE NUMBER

CELL PHONE NUMBER

NAME OF EMPLOYER

PAYROLL NUMBER

CWA LOCAL NUMBER

This Authorization is voluntarily made based on my specific understanding that: The signing of this authorization card and the making of contributions to CWA PAF are not conditions of membership in the union or of employment with the Company and that I may refuse to do so without fear of reprisal. I am making a contribution to a joint fundraising effort sponsored by CWA PAF and the AFL-CIO Committee on Political Education Political Contributions Committee (AFL-CIO COPE PCC) and that CWA-PAF and AFL-CIO COPE PCC will use my contributions for political purposes, including but not limited to the making of contributions to or expenditures on behalf of candidates for federal, state and local offices and addressing political issues of public importance. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and the name of employer of individuals whose contributions exceed \$200 in a calendar year. Contributions or gifts to CWA-PAF and AFL-CIO PCC are not deductible as charitable contributions for federal income tax purposes.

SIGNATURE

DATE

Payroll Authorization Card - CWA PAF Political Contributions Committee

Card collected by: _____