

Sign Me Up

Yes! I'd like to contribute per pay period to the Active Ballot Club.

Name _____

Address _____

Employer _____

Job Title _____

Employer Address _____

Work Phone _____ **Home Phone** _____

Contribution Amount (per pay period) \$2.00 \$3.00 \$4.00 \$5.00 \$6.00

E-mail address _____ **Signature** _____

I understand that this authorization is voluntarily made and that the amount suggested as a contribution is a guideline and that I may contribute more or less than this amount by any lawful means, other than this checkoff, or may refuse to contribute, and that the making of payments to the UFCW Active Ballot Club is not a condition of employment with the Employer and that I have a right to refuse to sign this authorization and not to contribute to the UFCW ABC without reprisal. I also understand that my contribution will be used for political purposes, including the support of candidates for federal, state and local office. I expressly reserve the right to revoke at any time this authorization in writing. I also understand that contributions or gifts to the UFCW Active Ballot Club are not deductible as charitable contributions for federal tax purposes.