

APSCUF Committee for Action through Politics
VOLUNTARY CAP DEDUCTION AUTHORIZATION

APSCUF/CAP
319 North Front Street
PO Box 11995
Harrisburg, PA 17108-1995



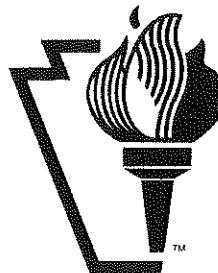
I hereby authorize the State System of Higher Education to deduct from my earnings each paycheck the amount certified below as a voluntary contribution to APSCUF's political action committee (APSCUF/CAP). My contribution is voluntary and I understand that it is not required as a condition of membership in any organization. I understand that contributions to APSCUF/CAP are not deductible as charitable contributions for federal income tax purposes. This authorization shall be valid while I remain in the employ of the State System of Higher Education unless I notify APSCUF and the State System in writing that this authorization is revoked.

<u>DEDUCTION PER PAY PERIOD</u>	PRINT NAME: _____
____ \$10 ____ \$5	SOCIAL SECURITY # _____
____ \$2 ____ Other (\$____)	UNIVERSITY _____
TODAY'S DATE: _____	SIGNATURE _____

RETURN COMPLETED FORMS TO YOUR LOCAL APSCUF OFFICE

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