

# CTA Issues PAC Contribution Form

The CTA Issues PAC is your voice for public education in California and supports or opposes issues only, not candidates.

Yes! I want to support the CTA Issues PAC. Enclosed is my contribution of  \$25  \$50  \$100  Other \_\_\_\_\_

Make checks payable to: CTA Issues PAC OR

Please charge my V, MC, AMEX, DISC (please circle one) Account # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Prefer a monthly contribution plan?

### OPTION A - Payroll Deduction

I authorize the CTA Issues PAC to deduct  \$2  \$5  \$10  Other \_\_\_\_\_ monthly from my regular contract salary warrants due to me. The total amount deducted shall be transmitted to the CTA Issues PAC or its designated agent. This authorization is to remain in force from year to year until revoked or revised by me in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### OPTION B - Credit Card Deduction

I authorize the CTA Issues PAC to charge my V, MC, AMEX, DISC monthly  \$2  \$5  \$10  Other \_\_\_\_\_

Account # \_\_\_\_\_ Exp Date \_\_\_\_\_

on the tenth of each month or the next business day upon receipt of this authorization. I understand my account will be charged every month unless I request termination in writing to the CTA Issues PAC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### OPTION C - Electronic Funds Transfer – Attach a voided check

I authorize the CTA Issues PAC to deduct  \$2  \$5  \$10  Other \_\_\_\_\_ monthly from my checking account.

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

I understand my checking account identified above will be debited on the tenth of each month or the next business day upon receipt of this authorization. I understand my account will be debited every month unless I request termination in writing to the CTA Issues PAC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Please complete the following: \*

Individual ID (Optional) From Membership Card \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ District Name/Employer \_\_\_\_\_

Local Chapter (optional) \_\_\_\_\_

To change or cancel your contribution, please enter the new dollar amount in option A, B or C and fill in the bottom portion of the form.

Mail completed form to: CTA Issues PAC FPPC #880873, PO Box 4178, Burlingame, CA 94011- 4178

\* Contributions to the CTA Issues PAC are not deductible as charitable contributions for federal or state income tax purposes. State law requires us to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions are equal to or exceed \$100 in a calendar year. Please, no cash contributions greater than \$99.00.

Financial and personal information obtained by the CTA Issues PAC and by CTA is held in strict confidentiality and is used only for the above purposes and under no circumstances will be transferred to third parties.

Please keep a copy for your records.

