Committee on Political Education (COPE) ~Additional and Optional to CCFT Membership~					
Last Name		First Name			Date
Home Mailing A	Address	City		State	Zip
Home phone	Work Phone I hereby authorize the Cabrillo Colle	Email	Department of the following my salary the following		Division
	forwarded to the CCFT COPE Comn	· _	□ \$4.00 □ \$9.00	\$othe	
Signature Date					
I would like to participate on the COPE Committee					
Contributions to the CCFT COPE Committee are not deductible as charitable contributions for federal income tax purposes. CABRILLO COLLEGE This authorization is signed voluntarily. I underst to make political contributions by the CCI					
		AFT LOCAL #4400			6/15/2007

Please return completed card to the CCFT mailbox in the Cabrillo College mailroom