

Correctional Peace Officers Foundation, Inc.

P.O. Box 348390 ~ Sacramento, CA 95834-8390 (800)800-CPOF(2763)

WWW.CPOF.ORG

This completed form must be submitted to your human resource officer or payroll officer to authorize a deduction. A copy should also be sent to CPOF to notify us of your deduction.

Please Print Clearly

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Social Security Number	First/Middle Initial		Last Name		
Texas	Monthly Donation (Circle Choice) \$ 5.00	n			
16800233021000	\$ 5.00 \$ 10.00 \$ 15.00	New Member	Increase Donation	Address Change	Stop Deduction
Name		D.O.B			
Address					
City, State , Zip	ity, State , ZipEmail:				
Institution (Place of Employment)		Seniorit	y Date		
Classification					
Spouse (Person of choice)					
Home Phone (confidential) ()	Work Phone (confide	ential) ())	
"I understand that I cannot be compelled to a state employee organization as a compease Officers Foundation, I understand notice to my employer. I voluntarily autor wages for membership to the organith this deduction. I agree that my name, so roll deduction for membership may be Correctional Peace Officers Foundation	ondition of employment with and that I may change or cance of thorize a monthly payroll de- ization listed above and agree social security number, perso e provided to the organization	the the state. While I am free tel this authorization at any eduction in the amount shows to comply with the componal contact information, and listed above only for the property of the state of the st	e to join the Co time by provious own above from otroller's rules cand the amount	orrectional ding written m my salary concerning t of my pay- orming the	For Office Use Only
Signature		Date			
All contributions to the Correctional Perare tax deductible to the extent	eace Officers Foundation	The CPO Foundation is registered v Internal Revenue Service, undo IRC 501 (c)(3), 509 (a)(1) and 170 (b)(1)(a)(vi) Tax Indentification Number	ler		in ly

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