

If we don't stand up for quality public education & public services,

WHO WILL?

If you care about children, public education, your retirement security, and Montana's future, you know that **it matters who gets elected.**

Some politicians get it. Some politicians know that public education and public services make Montana and America strong—and some don't. Some respect you and your right to retire with dignity—and some don't.

Some ballot initiatives promote quality schools and public services—and some threaten our very existence.

We need to elect people who care about public education, public services, and public employees. We need to maintain our voice in ballot issues that affect our members.

Together, with 18,000 MEA-MFT members across the state pitching in, we can make a difference.

MEA-MFT's Committee On Political Education (COPE) interviews candidates to find out which ones support our members and the important work they do. Then COPE helps these good people get elected.

Our national affiliates, NEA and AFT,* do the same on the national level.

Your support makes a difference! We are asking MEA-MFT members across the state to consider contributing \$2 a month to support MEA-MFT COPE, and \$1 a month for NEA and AFT. That's less than the cost of a cup of coffee and a donut.



For less than the cost of a coffee & donut each month, Retired MEA-MFT members can help

**build a brighter
Montana future.**

Here's how: ►



*NEA & AFT are MEA-MFT's two national affiliates: National Education Assoc. and American Federation of Teachers.

Dear Retired MEA-MFT member:

For just a few dollars a month, you can make a difference.

We need your help! MEA-MFT is asking each member to donate just \$24 a year for MEA-MFT COPE* and \$12 a year for NEA FCPE/AFT COPE.** It's an excellent investment in your retirement security. Please take a stand for public schools, public services, and your own future. **Thank you!**



COPE FORM

YES! I want to be part of MEA-MFT's ongoing political education efforts on behalf of public schools and public services by supporting good candidates and ballot issues.

Enclosed is:

- my one-time check, made out to MEA-MFT COPE for the amount below.
- my check, made out to MEA-MFT COPE, with my pledge to send a check every year.
- my bank draft authorization (next page) to automatically transfer the amount below to MEA-MFT COPE through monthly payments.

MEA-MFT COPE & BIF* \$ _____ (\$24 suggested)

NEA FCPE /AFT COPE** \$ _____ (\$12 suggested)

Total Contribution: \$ _____ (\$36 suggested)

Date _____ Signature _____

Name (Please Print) _____

Home Address: _____

Phone (home) _____ (cell) _____

E-mail address _____

____ I want to help MEA-MFT elect pro-public education, pro-public service candidates.

Contributions to NEA FCPE/AFT-COPE and MEA-MFT's Committee On Political Education and Ballot Initiative Fund are voluntary and are not a condition of membership in MEA-MFT or any of its affiliates. Political action contributions are not deductible as charitable contributions for federal income tax purposes. Only U.S. citizens or lawful permanent residents may contribute. State and Federal law prohibit us from receiving donations from persons other than members of MEA-MFT and its affiliates, and their immediate families. All donations from persons other than members of MEA-MFT and its affiliates, and their immediate families, will be returned.

Please fill in information above, and return the form plus your check or bank draft to:
MEA-MFT COPE, 1232 E. Sixth Ave, Helena, MT 59601. Thank you!

*MEA-MFT COPE: Committee On Political Education. BIF: Ballot Initiative Fund

**NEA FCPE: Friends of Children & Public Education. AFT COPE: Committee on Political Education

MEA-MFT

COPE

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT OF COPE CONTRIBUTION (13-14)

MEA-MFT, 1232 E 6th Avenue, Helena, MT 59601

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

I (we) hereby authorize MEA-MFT to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account. I (we) will not hold our BANK liable for any erroneous debits made by the MEA-MFT.

NAME OF BANK CUSTOMER (EXACTLY AS CHECKS ARE SIGNED)	YOUR ACCOUNT NUMBER
FULL NAME OF BANK	BANK ROUTING NUMBER (9 DIGITS)
BANK ADDRESS, CITY, STATE, AND ZIP CODE	

This authorization is to remain in full force and effect until cancellation by either the bank customer, MEA-MFT, or both. All amounts paid are non-refundable and non-transferable.

DATE COMPLETED	SIGN AS YOU SIGN YOUR CHECKS	SOCIAL SECURITY NUMBER
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CURRENT YEAR INFORMATION

ADDRESS _____	LOCAL NAME _____
_____/_____ ZIP	LOCAL # _____
TELEPHONE NO. () _____	HOME EMAIL _____

	MEA-MFT COPE	National PAC	
Annual Contribution	\$ _____	\$ _____	
Monthly Contribution	\$ _____	\$ _____	Deductions will be made on the 10 TH day of each month.

This authorization is to remain in full force and effect until cancellation by either the bank customer, MEA-MFT, or both. All amounts paid are non-refundable and non-transferable.

ATTACH VOIDED CHECK HERE - This authorization will not be accepted unless a voided personal check is attached.