NUHW
NATIONAL UNION OF HEALTHCARE WORKERS

CONTRIBUTION FORM

In order to build a democratic movement of healthcare workers, I authorize the National Union of Healthcare Workers to deduct my donation from my bank account or charge it to my credit/debit card each month.

☐ $100/month ☐ $75/month ☐ $50/month ☐ $35/month ☐ $25/month ☐ $10/month

First Name **Last Name**

Billing Address **Apt. No.**

City **State** **Zip**

Email ☐ Check here to get news and updates from NUHW by email

Home Phone **Cell Phone** **Work Phone**

( ) - ( ) - ( ) -

Employer/Facility

2 Ways to Contribute: *1. By Credit/Debit Card* OR *2. By Automatic Deduction From Bank Account*

PAY BY CREDIT/DEBIT CARD: Check One: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Account Number: Exp Date: __ __ /__ __ MM/YY

Card Security Code
(3 digit number on back of card or 4 digits on front on AmEx)

OR

PAY FROM BANK ACCOUNT: Check One: ☐ Checking ☐ Savings

Bank Name:

Your Routing Number: Your Account Number:

This number is always 9 digits.

This authorization is made voluntarily and shall remain in full force and effect until revoked by me in writing. By my signature below I agree to the following terms and conditions:

Check Only One:

☐ I am a healthcare worker and eligible to be a member of the National Union of Healthcare Workers (NUHW).

☐ I am not a healthcare worker eligible to be a member of NUHW, but I am an individual who is not an employer, and I am not making this contribution on behalf of any employer as defined by law.

I understand that:

- I am not required to make contributions to NUHW as a condition of my employment by my employer or membership in any Union;
- The contribution amounts on this form are merely a suggestion, and I am entitled to contribute more or less by this or some other means without fear of favor or disadvantage from any Union or my employer;
- Contributions to NUHW are not tax-deductible as charitable contributions.
- To change or cancel this contribution, I must submit a written request to NUHW by email, fax or mail.

Signature **Date Signed** / /

You can also sign up online at www.nuhw.org, fax this form to (510) 834-2019, email to kbesst@nuhw.org, or mail it to NUHW at 5801 Christie Ave, Ste 525, Emeryville, CA 94608

[i] Eligibility for membership in NUHW includes any healthcare worker who works in any type of healthcare setting including hospitals, clinics, nursing homes assisted living facilities or an individual's home that is not in a managerial or supervisory role as defined by the National Labor Relations Act.