

# 2023 CWA Elizabeth Glaser Pediatric AIDS Foundation Program

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## *Administrative Procedures and Guidelines*

### **Dates of the Program and Assigned Quotas**

The 2023 CWA EGPAF Program will be conducted on a calendar-year basis beginning January 1, 2023, through December 31, 2023. The Union's convention established a minimum CWA PAF quota of at least \$1.00 per member per year. This quota is based on the previous year's October Membership Opportunity Report (i.e., 2023 PAF quotas are based on the 2022 October Membership Opportunity Report).

### **Transmittal and Credit for Contributions**

Contributions by check must be made payable to "CWA Pediatric Aids." Please forward all contributions to:

Ameenah Salaam, Secretary-Treasurer  
CWA Headquarters  
ATTN: Pediatric AIDS  
501 Third Street, N.W.  
Washington, D.C. 20001-2797

### **Automatic Deduction Forms Procedures**

To further improve our efficiency in the way we collect donations, locals that elect to pay their quota via automatic deduction will no longer have to complete the form every single year. Upon completion of the auto-deduct form, this method of collection will remain active unless a local gives notification to cancel the auto deduction.

Contributions by dues deduction will be processed by completing an EGPAF Dues Authorization Form and returning it to Ameenah Salaam either by email as PDF to [stoffice@cwa-union.org](mailto:stoffice@cwa-union.org) or U.S. mail to the above address.

**NOTE: Dues deduction is not available to locals that are 100 percent local collection or cash dues.** If a local receives individual member contributions, the local must deposit this money in the local's account and forward one local check for the total amount of contributions received.

Any individual contributions made to the Pediatric AIDS Foundation "in memory of" a specific individual will not be reflected in the local's yearly quota and must be forwarded directly to:

Elizabeth Glaser Pediatric AIDS Foundation  
P.O. Box 418649  
Boston, MA 02241-8649

However, locals wishing to make a contribution "in memory of" a specific individual should send that contribution to Secretary-Treasurer Ameenah Salaam's office and the local will receive credit toward its yearly EGPAF quota.

### **Retired Members' Club**

All CWA Retired Members' Clubs affiliated with the CWA Retired Members' Council will be eligible to participate in the EGPAF Program and receive recognition at the CWA Biennial Convention.

### **CWA PAF Awards Program**

To be eligible for a Convention Award, a local must have met its quota of 100 percent by the December 31st deadline of the preceding calendar year.

#### **1. SPECIAL LOCAL AWARDS**

- A. The local that has contributed the most CWA-EGPAF dollars by the December 31st deadline of the preceding calendar year will receive the "Ariel Glaser Award" at the subsequent convention.
- B. The local that has contributed the highest percentage of its CWA EGPAF quota by the December 31st deadline of the preceding calendar year will receive the "Hope Award" at the subsequent convention.
- C. The five-year continuous giving EGPAF plaque will be given to all locals that have contributed 100 percent of their CWA EGPAF quota for five consecutive years. Each succeeding year, the local will receive a small metal plate to be attached to the plaque.

#### **2. CERTIFICATES OF RECOGNITION**

All locals that have contributed 100 percent to their CWA EGPAF quota by the December 31st deadline of the preceding year but have not contributed for five consecutive years will receive a "Certificate of Recognition" at the subsequent convention.



**Communications Workers of America**

501 Third Street, N.W.  
Washington, D.C. 20001

Email: [stoffice@cwa-union.org](mailto:stoffice@cwa-union.org)

## **CWA Pediatric AIDS Foundation**

### **Deduction Authorization**

Please deduct our annual Pediatric AIDS quota from our dues checks. The deduction rate per month shall be determined by dividing the annual quota by the number of dues months left to be processed for the calendar year. I understand this authorization will remain in effect unless I submit written revocation. Each year I will be notified of the amount of my quota, when deductions will begin and the amount to be deducted per month.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Local)

\_\_\_\_\_  
(Date)

**Please complete and return this form by either:**

**U.S. Mail:** Ameenah Salaam, S-T  
CWA Headquarters  
Attn: Pediatric AIDS  
501 Third Street, N.W.  
Washington, DC 20001

**Email PDF to:** [stoffice@cwa-union.org](mailto:stoffice@cwa-union.org)