



Authorization for the Strength in Change Foundation Deduction

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Use this form to voluntarily designate \$1.00 per month to be deducted from your Colorado PERA benefit payment and donated to the nonprofit, Strength in Change Foundation.

Strength in Change collects monthly donations from PERA retirees and benefit recipients and distributes them to various child-focused Colorado charities. The charities are nominated solely by donating retirees. Visit their website at www.strengthinchange.org for more information, including how to nominate a charity. Strength in Change is a nonprofit organization that is independent from PERA. Donations to Strength in Change can be claimed as a charitable donation on your tax return.

Once you complete this form, you may send the form to PERA at the address or fax number above. Correctly completed *Authorization for the Strength in Change Foundation Deduction* forms received at PERA by the 15th of the month will be effective for that month.

Benefit Recipient's SSN

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Benefit Recipient's Information

Name _____
Last First MI

Address _____
Street City State ZIP Code

Daytime Telephone (_____) Email Address _____

Sign up for electronic delivery of PERA information? Yes No

The Strength in Change Foundation deduction will be \$1.00 unless you elect a greater amount here: \$ _____

Signature Certification

I understand that this donation will be taken out of my PERA retirement benefit on an after-tax basis, and that it is my responsibility to claim any potential tax deduction on my individual tax return. PERA will not report this donation to the IRS for me. PERA will send all funds to Strength in Change on a monthly basis and does not have any control over the funds after they are sent to Strength in Change. I further understand I can cancel this deduction at any time, for any reason, by notifying PERA in writing.

Sign Here → Your Signature _____ Date _____

