

PLEASE USE BALL POINT PEN & WRITE FIRMLY

ATTENTION PAYROLL OFFICES:
Only use this number to identify the local campaign.

CFC Campaign No. _____

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER
<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY				<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
WORK ADDRESS & ZIP CODE				WORK PHONE
				()

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

Use the New FIVE-DIGIT CFC Codes Only

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT	ANNUAL AMOUNT
MILITARY PAYROLL		X 12 months	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CIVILIAN PAYROLL		X 26 pay periods	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other \$ _____ (cash/check payable to CFC)				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DESIGNATED GIFT: To designate one or more charities or federated groups that appear on the list provided, fill the charity or federation code(s) and dollar amounts above.

RECOGNITION OPTIONS

I authorize the CFC to release the information I have provided below to the charities I have designated on this pledge form.

Name: _____

Home Address or E-Mail: _____

Pledge Amount: (Check the "Yes" box to release the amount of your pledge(s) to your designated charities.) Yes

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2008 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2008 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

COPY #1 - Payroll Office

See reverse side for information on volunteer opportunities in your community.