

PLEASE USE BALL POINT PEN & WRITE FIRMLY

CFC Campaign No. XXXX

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

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

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.

| CONTRIBUTION | AMOUNT | INTERVAL | TOTAL GIFT | FOUR DIGIT AGENCY CODE | ANNUAL AMOUNT |
|--|--------|------------------|------------|------------------------|---------------|
| MILITARY PAYROLL | | X 12 months | \$ | | |
| CIVILIAN PAYROLL | | X 26 pay periods | \$ | | |
| Other \$ _____ (cash/check payable to CFC) | | | | | |

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 GIFTS: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts here:

CHECK ALL THAT APPLY

DO NOT release any information

Release my name only to the charities I designated.

Release my name and contact information to the charities I designated.
(Provide your home mailing address and/or e-mail address)

NOTE: If all three boxes are checked, no information will be sent.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 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

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COPY #2 TO THE CENTRAL RECEIPT POINT

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Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office.

Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court of another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency.

If you are making a one-time, lump-sum gift and, therefore, not using the payroll deduction method of payment, you are not required to furnish your SSN.