CFC Campaign No. XXXX campaign. PRINT NAME (LAST) UNIT/DIVISION AND PAYBOLL OFFICE FIRST MIDDLE INITIAL FEDERAL ORGANIZATION **CIVILIAN** □ MII ITARY 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. FOUR DIGIT AGENCY CODE ANNUAL AMOUNT Write in the total of your annual contribution in the space provided. CONTRIBUTION AMOUNT INTERVAL TOTAL GIFT X 12 months MILITARY PAYROLL 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 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 contributions made to the organizations via this pledge card. dollar amounts here: CHECK ALL THAT APPLY DO NOT release any information PAYROLL DEDUCTION AUTHORIZATION Release my name only to the charities I designated. I hereby authorize any agency of the United States Government by which I may be employed during 2005 to Release my name and contact information to the charities I designated. deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 starting with (Provide your home mailing address and/or e-mail address) 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. NOTE: If all three boxes are checked, no information will be sent. SIGNATURE DATE

OPM Form 1654 June 2004

OFFICE

PAYROLL

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COPY

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

				CFC Campaign No. XXXX	Only use th	ON PAYROLL OFFICES: his number to identify the local		
RINT NAME (LAST)	FIRST MIDDLE INITIAL CIVILIAN FEDERAL ORGANIZATION		UNIT/DIVISION AND PAYROLL OFFICE					
DRK ADDRESS & ZIP CODE				WORK PHONE	SOCIAL SECU	SOCIAL SECURITY NUMBER		
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CONTRIBUTION	AMOUNT	INTERVAL	7	TOTAL GIFT				
MILITARY PAYROLL		X 12 months	\$			-		
CIVILIAN PAYROLL		X 26 pay periods	\$			-		
Other \$ (cash/check payable to CFC)								
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 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) 				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.				
NOTE: If all three boxes	are checked, no informat	tion will be sent.		SIGNATURE		DATE		

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				CFC Carr	npaig	n No. XXXX	Only use this campaign.	s number to identify the local
PRINT NAME (LAST)	FIRST MIDDLE INITIAL CIVILIAN FEDERAL ORGANIZATION				UNIT/DIVISION AND PAYROLL OFFICE			
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DO NOT release any info	PAYROLL DEDUCTION AUTHORIZATION							
 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) 				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 s	so deduc		al Campaign show	n above. I understand that this
NOTE: If all three boxes are checked, no information will be sent.				SIGNATURE			DATE	

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COPY #3 CONTRIBUTOR TO KEEP THIS COPY FOR PERSONAL TAX RECORDS

ATTENTION PAYROLL OFFICES:

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

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

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

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

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