CFC Campaign Number

City/State Code: _____

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

Enter Last Name, First Name, and MI	Check *(if applicable)* ☐ Civilian ☐ Military	Federal Agency and Office	SSN/ Employee ID
Work Address & Zip Code			Work Phone Number

PLEASE USE BALL POINT PEN & WRITE FIRMLY

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.

ALLOTMENT SOURCE	*AMOUNT*	*INTERVAL*	*TOTAL GIFT*
MILITARY PAYROLL Branch of Service?	$	X 12 months	$
Civilian Payroll	$	X 26 pay periods	$

Check / Cash Amt.: $ _____ Check Number: _____

(make check payable to the Combined Federal Campaign)

Date of Contribution: _____

Charity Code	Annual Amount
	$
	$
	$
	$
	$

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 to one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.

INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address _____

_____

Personal Email Address _____

☐ In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2012 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2012 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

OPM 1654
Revised May 2011

CFC Campaign Number

City/State Code: _____

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

Enter Last Name, First Name, and MI	Check *(if applicable)* ☐ Civilian ☐ Military	Federal Agency and Office	SSN/ Employee ID
Work Address & Zip Code			Work Phone 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.

ALLOTMENT SOURCE	*AMOUNT*	*INTERVAL*	*TOTAL GIFT*
MILITARY PAYROLL Branch of Service?	$	X 12 months	$
Civilian Payroll	$	X 26 pay periods	$

Check / Cash Amt.: $ _____ Check Number: _____
(make check payable to the Combined Federal Campaign)

Date of Contribution: _____

Charity Code	Annual Amount
	$
	$
	$
	$
	$

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Signature _____ Date _____

PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #2 – For Central Receipt Point

OPM 1654
Revised May 2011

CFC Campaign Number

City/State Code: _____

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

Enter Last Name, First Name, and MI	Check *(if applicable)* ☐ Civilian ☐ Military	Federal Agency and Office	SSN/ Employee ID
Work Address & Zip Code			Work Phone 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.

ALLOTMENT SOURCE	*AMOUNT*	*INTERVAL*	*TOTAL GIFT*
MILITARY PAYROLL Branch of Service?	$	X 12 months	$
Civilian Payroll	$	X 26 pay periods	$

Check / Cash Amt.: $ _____ Check Number: _____
(make check payable to the Combined Federal Campaign)

Date of Contribution: _____

Charity Code	Annual Amount
	$
	$
	$
	$
	$

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

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PAYROLL DEDUCTION AUTHORIZATION

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Signature _____ Date _____

PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #3 – Contributor's Copy- Keep For Personal Tax Records

OPM 1654
Revised May 2011

COPY #3 – Contributor's Copy- Keep For Personal Tax Records

Privacy Act Notice

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 or 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.

Find a Volunteer Opportunity

The USA Freedom Corps Volunteer Network can help you access service opportunities near your home or office, across the country, or overseas. Just go to www.volunteer.gov, enter geographic information, such as zip code or state, and your area of interest to find out how you can get involved.