



2016 Monterey & Santa Cruz Counties  
60 Garden Court, Suite 350, Monterey, CA 93940  
www.cfcmontereyasantacruz.org

XXXXXX

CFC Campaign Number: 0117

City/State Code: 06 2250

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

Last Name, First Name, MI		Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> 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
<b>MILITARY PAYROLL</b> Branch of Service?	\$	x 12 months	\$
<b>CIVILIAN PAYROLL</b>	\$	x 26 pay periods	\$
CASH/ CHECK			
Check Number:		Amount: \$	
<i>(make check payable to the Combined Federal Campaign)</i>			
CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.			

Charity Code

Annual Amount

						\$
						\$
						\$
						\$
						\$

**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 2017 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2017 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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**ATTENTION PAYROLL OFFICES:**  
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CFC Campaign Number: **0117**

City/State Code: **06 2250**

Last Name, First Name, MI		Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Federal Agency and Office	
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
<b>MILITARY PAYROLL</b> Branch of Service?	\$	x 12 months	\$
<b>CIVILIAN PAYROLL</b>	\$	x 26 pay periods	\$
CASH/ CHECK			
Check Number:		Amount: \$	

*(make check payable to the Combined Federal Campaign)*

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

Charity Code

Annual Amount

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**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 2017 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2017 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 #2 - CENTRAL RECEIPT POINT**





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**ATTENTION PAYROLL OFFICES:**  
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CFC Campaign Number: **0117**

City/State Code: **06 2250**

Last Name, First Name, MI		Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Federal Agency and Office	
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
<b>MILITARY PAYROLL</b> Branch of Service?	\$	x 12 months	
<b>CIVILIAN PAYROLL</b>	\$	26 pay periods	\$
<b>CASH/ CHECK</b>			
Check Number:		Amount	

Charity Code

Annual Amount

<input type="text"/>	\$				
<input type="text"/>	\$				
<input type="text"/>	\$				
<input type="text"/>	\$				
<input type="text"/>	\$				

(make check payable to the Combined Federal Campaign)  
CFC organizations do not provide goods or services of any kind for consideration for any contributions made to the organization as a condition of employment.

**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 make 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 2017 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2017 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 #3 - CONTRIBUTOR'S COPY - KEEP FOR PERSONAL TAX RECORDS** OPM 1654

Revised May 2016

S.D.G.S. FORMS PRINTING (714) 730-4041 5518890-16

PLEASE USE BALL POINT PEN & WRITE FIRMLY



## 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.