

SUBMIT THIS COPY TO CFCSHR OFFICE

CFC of South Hampton Roads
PO Box 41119 Norfolk VA 23541-1119
FALL 2016

(757)853-8500 ext.155 www.cfcshr.org

ATTENTION PAYROLL OFFICES:

Only use this CFC Campaign Number **0897** and City/State Code: 51 1760 to identify the local CFCSHR campaign.

Last Name (Please print clearly)		First Name		MI	Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Check (if applicable) <input type="checkbox"/> Retiree <input type="checkbox"/> Contractor				
Federal Agency / Command Name										
Work Address & Zip Code (DO NOT Enter Home Address)						Work Phone Number				
CIVILIAN / POSTAL 26 PAY PERIODS (PP) (1 YR)				MILITARY 24 PAY PERIODS (PP) (1 YR)				ONE-TIME CASH/CHECK CONTRIBUTION: Write in the total of your annual one-time Cash or Check contribution in the space provided below.	Charity Code <i>5-digit</i>	Total Amount Designated to Each Charity <i>Must transfer amount here</i>
<input checked="" type="checkbox"/> Box	ALLOTMENT	X 26 PP	TOTAL	<input checked="" type="checkbox"/> Box	ALLOTMENT	X 24 PP	TOTAL	Check / Cash: \$		\$
<input type="checkbox"/>	\$65	X 26	\$1690	<input type="checkbox"/>	\$70	X 24	\$1680	Check Number:		\$
<input type="checkbox"/>	\$45	X 26	\$1170	<input type="checkbox"/>	\$45	X 24	\$1080	(Make check payable to the "Combined Federal Campaign".)		\$
<input type="checkbox"/>	\$25	X 26	\$650	<input type="checkbox"/>	\$25	X 24	\$600	Date of Contribution:		\$
<input type="checkbox"/>	\$15	X 26	\$390	<input type="checkbox"/>	\$15	X 24	\$360	Payroll deduction requires a minimum of \$1.00 per pay period.		\$
<input type="checkbox"/>	\$	X 26	\$	<input type="checkbox"/>	\$	X 24	\$	CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.	ENTER TOTAL PLEDGE	\$
Check the box showing the amount of your payroll allotment contribution per pay period. Or accurately calculate and write in the allotment amount per pay period of your annual contribution in the space provided above.								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)				PAYROLL DEDUCTION AUTHORIZATION						
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.				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.						
Home Address ONLY: _____				Signature: _____				Date: _____		
Personal Email Address ONLY: _____										
				NO ".gov" or ".mil" Accepted						
<input type="checkbox"/> In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.										
LEADERSHIP RECOGNITION										
CFC organizations do not provide goods or service in whole or partial consideration for any contributions made to the organizations via this pledge card. (Check one)										
<input type="checkbox"/> NO, I DO NOT WANT A GIFT.			<input type="checkbox"/> Yes, I want a gift!			<input type="checkbox"/> Flag Gift (\$240 - \$1199)			<input type="checkbox"/> Eagle Gift (\$1200+)	
										
								OPM 1654 Revised May 2016		

PLEASE USE BALL POINT PEN. WRITE LEGIBLY & 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.
