2016 SoCal CFC

4699 Murphy Canyon Road, San Diego, CA 92123

WWW.SOCALCFC.ORG
CFC@SOCALCFC.ORG
858-636-4114

CFC CAMPAIGN # 0105

CITY / STATE CODE: #06 3260

ATTN: PAYROLL OFFICES: Only use these numbers to identify the local campaign.

NAME: LAST, FIRST MIDDLE INITIAL

MILITARY COMMAND & UNIT or OFFICE / FEDERAL AGENCY & OFFICE / POST OFFICE LOCATION or NAME

WORK PHONE NUMBER

CHECK CIRCLE TO INDICATE A STANDARD DONATION OR FILL IN AMOUNT DESIRED. MINIMUM DONATION IS $1 PER PAY PERIOD.

○ MILITARY

Branch of Service? _____

- ○ $5 X 24 PAY PERIODS = $120
- ○ $10 X 24 PAY PERIODS = $240
- ○ $25 X 24 PAY PERIODS = $600
- ○ $40 X 24 PAY PERIODS = $960
- ○ $50 X 24 PAY PERIODS = $1200

$ _____ X 24 = $ _____
PAY PERIODS

5 DIGIT CHARITY CODE | ANNUAL AMOUNT TO EACH CHARITY

5 DIGIT CHARITY CODE	ANNUAL AMOUNT TO EACH CHARITY
	$.
	$.
	$.
	$.
	$.

TOTAL SHOULD EQUAL TOTAL ANNUAL DONATION $.

○ CIVILIAN

- ○ $5 X 26 PAY PERIODS = $130
- ○ $10 X 26 PAY PERIODS = $260
- ○ $25 X 26 PAY PERIODS = $650
- ○ $40 X 26 PAY PERIODS = $1040
- ○ $50 X 26 PAY PERIODS = $1300

$ _____ X 26 = $ _____
PAY PERIODS

MAKE CHECK PAYABLE TO THE CFC CASH / CHECK AMT: $ CHECK #:

DESIGNATED GIFTS: TO DESIGNATE TO ONE OR MORE CHARITIES OR FEDERATED GROUPS, FILL IN THE CHARITY CODE(S) AND DOLLAR AMOUNTS TO EACH CHARITY. UNDESIGNATED GIFTS ARE DISTRIBUTED AMONG ALL ORGANIZATIONS IN PROPORTION TO THEIR PLEDGES. CFC ORGANIZATIONS DO NOT PROVIDE GOODS OR SERVICES IN WHOLE OR PARTIAL CONSIDERATION FOR ANY CONTRIBUTIONS MADE TO THE ORGANIZATIONS VIA THIS PLEDGE CARD.

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

CITY STATE ZIP

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.

PLEASE USE BALL POINT PEN AND PRESS FIRMLY

PAYROLL DEDUCTION AUTHORIZATION : I hereby authorize any agency of the United States Government by which I may be employed during 2016 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2016 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.

SOCIAL SECURITY EMPLOYEE ID :

SIGNATURE:

DATE:

○ If eligible I desire a recognition item

COPY 1 (BLUE) PAYROLL OFFICE

2016 SoCal CFC

4699 Murphy Canyon Road, San Diego, CA 92123

WWW.SOCALCFC.ORG
CFC@SOCALCFC.ORG
858-636-4114

CFC CAMPAIGN # 0105 CITY / STATE CODE: #06 3260

ATTN: PAYROLL OFFICES: Only use these numbers to identify the local campaign.

NAME: LAST, FIRST MIDDLE INITIAL

MILITARY COMMAND & UNIT or OFFICE / FEDERAL AGENCY & OFFICE / POST OFFICE LOCATION or NAME | WORK PHONE NUMBER

CHECK CIRCLE TO INDICATE A STANDARD DONATION OR FILL IN AMOUNT DESIRED. MINIMUM DONATION IS $1 PER PAY PERIOD.

MILITARY

Branch of Service? _____

- $5 X 24 PAY PERIODS = $120
- $10 X 24 PAY PERIODS = $240
- $25 X 24 PAY PERIODS = $600
- $40 X 24 PAY PERIODS = $960
- $50 X 24 PAY PERIODS = $1200

$ _____ X 24 = $ _____
PAY PERIODS

5 DIGIT CHARITY CODE | ANNUAL AMOUNT TO EACH CHARITY

$ _____ .
$ _____ .
$ _____ .
$ _____ .
$ _____ .

TOTAL SHOULD EQUAL TOTAL ANNUAL DONATION $ _____ .

CIVILIAN

- $5 X 26 PAY PERIODS = $130
- $10 X 26 PAY PERIODS = $260
- $25 X 26 PAY PERIODS = $650
- $40 X 26 PAY PERIODS = $1040
- $50 X 26 PAY PERIODS = $1300

$ _____ X 26 = $ _____
PAY PERIODS

MAKE CHECK PAYABLE TO THE CFC CASH / CHECK AMT: $ CHECK #:

DESIGNATED GIFTS: TO DESIGNATE TO ONE OR MORE CHARITIES OR FEDERATED GROUPS, FILL IN THE CHARITY CODE(S) AND DOLLAR AMOUNTS TO EACH CHARITY. UNDESIGNATED GIFTS ARE DISTRIBUTED AMONG ALL ORGANIZATIONS IN PROPORTION TO THEIR PLEDGES. CFC ORGANIZATIONS DO NOT PROVIDE GOODS OR SERVICES IN WHOLE OR PARTIAL CONSIDERATION FOR ANY CONTRIBUTIONS MADE TO THE ORGANIZATIONS VIA THIS PLEDGE CARD.

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

CITY STATE ZIP

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.

PLEASE USE BALL POINT PEN AND PRESS FIRMLY

PAYROLL DEDUCTION AUTHORIZATION : I hereby authorize any agency of the United States Government by which I may be employed during 2016 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2016 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:

If eligible I desire a recognition item

COPY 2 (WHITE) CFC OFFICE COPY

2016 SoCal CFC

4699 Murphy Canyon Road, San Diego, CA 92123

WWW.SOCALCFC.ORG
CFC@SOCALCFC.ORG
858-636-4114

CFC CAMPAIGN # 0105

CITY / STATE CODE: #06 3260

ATTN: PAYROLL OFFICES: Only use these numbers to identify the local campaign.

NAME: LAST FIRST MIDDLE INITIAL

MILITARY COMMAND & UNIT or OFFICE / FEDERAL AGENCY & OFFICE / POST OFFICE LOCATION or NAME | WORK PHONE NUMBER

CHECK CIRCLE TO INDICATE A STANDARD DONATION OR FILL IN AMOUNT DESIRED. MINIMUM DONATION IS $1 PER PAY PERIOD.

○ MILITARY

Branch of Service? _____

- ○ $5 X 24 PAY PERIODS = $120
- ○ $10 X 24 PAY PERIODS = $240
- ○ $25 X 24 PAY PERIODS = $600
- ○ $40 X 24 PAY PERIODS = $960
- ○ $50 X 24 PAY PERIODS = $1200

$ _____ X 24 = $ _____
PAY PERIODS

5 DIGIT CHARITY CODE | ANNUAL AMOUNT TO EACH CHARITY

5 DIGIT CHARITY CODE	ANNUAL AMOUNT TO EACH CHARITY
	$.
	$.
	$.
	$.
	$.

TOTAL SHOULD EQUAL TOTAL ANNUAL DONATION $.

○ CIVILIAN

- ○ $5 X 26 PAY PERIODS = $130
- ○ $10 X 26 PAY PERIODS = $260
- ○ $25 X 26 PAY PERIODS = $650
- ○ $40 X 26 PAY PERIODS = $1040
- ○ $50 X 26 PAY PERIODS = $1300

$ _____ X 26 = $ _____
PAY PERIODS

MAKE CHECK PAYABLE TO THE CFC CASH / CHECK AMT: $ CHECK #:

DESIGNATED GIFTS: TO DESIGNATE TO ONE OR MORE CHARITIES OR FEDERATED GROUPS, FILL IN THE CHARITY CODE(S) AND DOLLAR AMOUNTS TO EACH CHARITY. UNDESIGNATED GIFTS ARE DISTRIBUTED AMONG ALL ORGANIZATIONS IN PROPORTION TO THEIR PLEDGES. CFC ORGANIZATIONS DO NOT PROVIDE GOODS OR SERVICES IN WHOLE OR PARTIAL CONSIDERATION FOR ANY CONTRIBUTIONS MADE TO THE ORGANIZATIONS VIA THIS PLEDGE CARD.

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

CITY STATE ZIP

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.

PLEASE USE BALL POINT PEN AND PRESS FIRMLY

PAYROLL DEDUCTION AUTHORIZATION : I hereby authorize any agency of the United States Government by which I may be employed during 2016 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2016 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:

○ If eligible I desire a recognition item

COPY 3 (PINK) DONORS COPY

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.