

PLEASE USE BALL POINT PEN & WRITE FIRMLY

**OPM  
CFC Control No.**

**ATTENTION PAYROLL OFFICES:**  
This number identifies the local CFC.  
**DO NOT** enter into Federal Payroll systems.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL ORGANIZATION	UNIT/DIVISION OR PAYROLL OFFICE
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. Write in the total of your annual contribution in the space provided.

CONTRIBUTION	AMOUNT	INTERVAL	TOTAL GIFT	FOUR DIGIT AGENCY CODE	ANNUAL AMOUNT
MILITARY PAYROLL		X 12 months	\$		
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 contributions made to the organizations via this pledge card.

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 dollar amounts here:

**PLEASE CHECK ONE BOX**

I do want my name and address released to the voluntary organization(s) I have designated.  
MY HOME ADDRESS IS: (My name will not be released unless this box is filled out completely.)

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I do want my home e-mail address released to the voluntary organization(s) I have designated. My home e-mail address is: \_\_\_\_\_

I do not want my name and address released to the voluntary organization(s) I have designated.

**PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize any agency of the United States Government by which I may be employed during 2003 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2003 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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WORK ADDRESS & ZIP CODE				WORK PHONE	

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STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COPY #2 TO THE CENTRAL RECEIPT POINT

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WORK ADDRESS & ZIP CODE				WORK PHONE	

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STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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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.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number (SSN) or tax identification number. This is an amendment to title 31, Section 7701.

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 of 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.