

# 2018 Combined Federal Campaign

## Federal Employee Pledge Form

OPM Form 1654-A



Please fill in with black ink. Sections marked with \* are mandatory.

Online pledges are accepted through Jan. 11, 2019, by visiting [opm.gov/ShowSomeLoveCFC](http://opm.gov/ShowSomeLoveCFC). **All paper pledge forms should be submitted to your Keyworker as early as possible to allow time for processing.** Keep a copy of this form before submitting to your Keyworker. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge.

### Donor Information

|   |  |   |                    |
|---|--|---|--------------------|
| Primary Email Address<br><i>(official government)</i>   |  | Secondary Email Address<br><i>(personal email to provide to charities, if released)</i> |                    |
| First Name*   |  | Last Name *   |                    |
| Your Department*<br><i>(e.g., Defense, Homeland Security, USPS)</i>                                 | Federal Agency*<br><i>(e.g., U.S. Army, U.S. Customs and Border Patrol)</i>    |   | Your Office/Unit * |
| Donor Type*   | Office/Work Zip Code or APO*   |   |                    |
| <input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Postal | <input type="checkbox"/> I'm located in a foreign territory without a ZIP Code |   |                    |

### Pledge Information

| Allotment Source   | Amount Per Deduction   | Total Annual Gift   | Charity Designation  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
|--|--|---|--|------------------|---------------|----------------|--|----|----------|--|----|----------|--|----|----------|--|----|----------|--|----|----------|--|----|----------|-----------------------------------|----|-----|
| <input type="checkbox"/> <b>Payroll</b><br>SSN:*<br><i>(only required if electing payroll)</i><br>_____ - _____ - _____  | \$ _____<br>Check Payroll Frequency:<br><input type="checkbox"/> <b>Monthly x12</b><br><input type="checkbox"/> <b>Semi-Monthly x24</b><br><input type="checkbox"/> <b>Bi-Weekly x26</b> | \$ _____<br><i>(multiply amount per deduction by the payroll frequency to determine your total annual gift)</i> | You must select one or more charities or federated groups to receive your donation. Identify your selected charities by entering their corresponding five-digit code along with the total dollar amount you want each charity to receive. The total annual gift from the left must match the total pledged to charities below.<br><br>If you would like to donate to more than five charities, please visit <a href="http://opm.gov/ShowSomeLoveCFC">opm.gov/ShowSomeLoveCFC</a> to complete an online donation or attach another copy of this form and label your forms 1 of X, 2 of X, etc. The total annual contribution amount should appear on copy 1 of X. |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
| <input type="checkbox"/> <b>Check</b><br><i>Make checks payable to "Combined Federal Campaign" and attach to this form.</i>  | N/A  | \$ _____<br><i>Check Amount</i>   |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
| <b>Authorization</b><br><br>If I chose payroll deduction as my payment source, I hereby authorize any agency of the United States Government by which I may be employed during 2019 to deduct the amount(s) shown above from my pay each pay period. My deductions will be in effect for one full year starting with the first pay period after January 15 and ending with the last pay period that includes January 15 of the following year. I authorize my payroll service provider to pay the amounts shown to the Combined Federal Campaign. I understand that this authorization may be revoked by me in writing at any time before it expires. I also acknowledge that I have the right to receive a notification if the amount(s) scheduled to be transferred differ(s) from the amount(s) displayed above. If I chose check, I hereby authorize Give Back Foundation on behalf of the Combined Federal Campaign to process my paper check as an electronic funds transfer (EFT) for the payment amount elected. |  |   | <table border="1"> <thead> <tr> <th>CFC Charity Code</th> <th>Annual Amount</th> <th>Volunteer Time</th> </tr> </thead> <tbody> <tr><td> </td><td>\$</td><td>XX HOURS</td></tr> <tr><td> </td><td>\$</td><td>XX HOURS</td></tr> <tr><td> </td><td>\$</td><td>XX HOURS</td></tr> <tr><td> </td><td>\$</td><td>XX HOURS</td></tr> <tr><td> </td><td>\$</td><td>XX HOURS</td></tr> <tr><td> </td><td>\$</td><td>XX HOURS</td></tr> <tr> <td><b>TOTAL ANNUAL CONTRIBUTION:</b></td> <td>\$</td> <td>HRS</td> </tr> </tbody> </table>   | CFC Charity Code | Annual Amount | Volunteer Time |  | \$ | XX HOURS |  | \$ | XX HOURS |  | \$ | XX HOURS |  | \$ | XX HOURS |  | \$ | XX HOURS |  | \$ | XX HOURS | <b>TOTAL ANNUAL CONTRIBUTION:</b> | \$ | HRS |
| CFC Charity Code   | Annual Amount  | Volunteer Time  |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
|  | \$   | XX HOURS  |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
|  | \$   | XX HOURS  |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
|  | \$   | XX HOURS  |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
|  | \$   | XX HOURS  |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
|  | \$   | XX HOURS  |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
|  | \$   | XX HOURS  |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
| <b>TOTAL ANNUAL CONTRIBUTION:</b>  | \$   | HRS   |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |
| <b>SIGNATURE</b> _____ <b>DATE</b> _____   |  |   |  |                  |               |                |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |  |    |          |                                   |    |     |

### Information Release (optional)

By checking each box below, I authorize the CFC to release my name and the following to my designated charity(ies):

- My pledge amount**
- My volunteer time** *(If you do not release your volunteer commitment, please contact the charity to volunteer.)*
- My home address** *(If opting to release your information, please provide your home address below.)*
- My email** *(secondary/nongovernment e-mail address)*

| Home Address | City | State | Zip Code |
|--------------|------|-------|----------|
|              |      |       |          |

Individuals may pledge online at [opm.gov/ShowSomeLoveCFC](http://opm.gov/ShowSomeLoveCFC) and may contact the CFC Help Desk Monday through Friday from 8 a.m. until 6 p.m. Central Time at 800-797-0098 (toll-free) or 608-237-4898 (local/international) with questions about the pledge process.



## Combined Federal Campaign Privacy Act Statement

Pursuant to 5 U.S. C. 522a(e)(3), this Privacy Act Statement informs you why OPM is requesting information on this form.

### **AUTHORITY:**

OPM is authorized to collect the information on this form based upon the authority provided in Executive Order (EO) 12353 (March 23, 1982), as amended by EO 13743 (October 13, 2016), and 5 CFR 950 (January 1, 2017). In addition, Executive Order 9397 (November 22, 1943), as amended by EO 13478 (November 18, 2008), permits us to collect your Social Security Number (SSN).

### **PURPOSE:**

The information you provide is primarily collected and used by OPM to accurately receive, process, acknowledge, and account for your donation to the Combined Federal Campaign (CFC); and to make payments to the charitable organizations to which you choose to donate.

### **ROUTINE USES:**

The information we collect from you may be disclosed as a "routine use" to your payroll service provider, if you have chosen to make a recurring gift via payroll deduction; or to your credit card company, bank, or other financial institution for a one-time or recurring gift (using the CFC's online option) via credit card, electronic check, or automatic deduction from your financial account. With your authorization, we may also share the information you provide to us with local, national, or international charitable organizations or federations. In addition, we may share your information as a "routine use" with other external entities, such as law enforcement or state and federal tax authorities, when the disclosure is necessary to investigate a violation or potential violation of civil or criminal law. A complete list of routine uses can be found in the system of records notice titled "Central-20 National CFC System of Records."

### **CONSEQUENCES OF FAILING TO PROVIDE INFORMATION:**

Providing this information, including your SSN, is voluntary; however, without your signature and all of the information requested, it may not be possible for us to make this gift on your behalf, and we may suspend this pledge. In addition, if you do not provide any of the requested information, we may not be able to process your request for a payroll deduction. 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.