

| | | |
|-------------------------------------|--|---------------------------|
| Enter Last Name, First Name, and MI | <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 |
|---|------------|------------------|------------|
| MILITARY PAYROLL Branch of Service? | \$ | X 12 months | \$ |
| Civilian Payroll | \$ | X 26 pay periods | \$ |
| Check / Cash Check Number: | Amount: \$ | | |

| Charity Code | Annual Amount |
|--------------|---------------|
| | |
| | |
| | |
| | |
| | |

(make check payable to the Combined Federal Campaign)

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

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 E-mail 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 2015 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2015 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 _____

LEADERSHIP GIFTS

The Combined Federal Campaign of Monongalia and Preston Counties recognizes donations of \$750 or more as a leadership gift. If you would like to be recognized and published as a Leadership Giver, please check this box and provide your preferred publishing information.

YES, please publish my information I prefer not to be published

Please publish my name as follows:
(If you would like to be listed with a spouse/partner, please include their information as well)



PLEASE USE BALLPOINT PEN & WRITE FIRMLY

COPY #2 - CENTRAL RECEIPT POINT

| | | |
|-------------------------------------|--|---------------------------|
| Enter Last Name, First Name, and MI | <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 |
|---|------------|------------------|------------|
| MILITARY PAYROLL Branch of Service? | \$ | X 12 months | \$ |
| Civilian Payroll | \$ | X 26 pay periods | \$ |
| Check / Cash Check Number: | Amount: \$ | | |

| Charity Code | Annual Amount |
|--------------|---------------|
| | |
| | |
| | |
| | |
| | |

(make check payable to the Combined Federal Campaign)

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

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 E-mail 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 2015 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2015 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 _____

LEADERSHIP GIFTS

The Combined Federal Campaign of Monongalia and Preston Counties recognizes donations of \$750 or more as a leadership gift. If you would like to be recognized and published as a Leadership Giver, please check this box and provide your preferred publishing information.

YES, please publish my information I prefer not to be published

Please publish my name as follows:
(If you would like to be listed with a spouse/partner, please include their information as well)



PLEASE USE BALLPOINT PEN & WRITE FIRMLY

COPY #3 - CONTRIBUTOR COPY - KEEP FOR TAX RECORDS

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.