



COACHELLA VALLEY & 29 PALMS AREA CFC
 P.O. Box 1990, Palm Springs, CA 92263-1990

CFC Campaign No. **0100** City/State Code: **06 2650** **ATTENTION PAYROLL OFFICES:**
 Only use this number to identify the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER/EMPLOYEE ID
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WORK ADDRESS & ZIP CODE	WORK PHONE ()
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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	CHARITY CODE	ANNUAL AMOUNT
MILITARY PAYROLL Branch of Service? _____		X 12 months	\$		
CIVILIAN PAYROLL		X 26 pay periods	\$		

Cash/Check Amount: \$ _____ Check Number: _____ Date of Contribution: _____
 (make check payable to the Combined Federal Campaign)

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 GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.

RECOGNITION OPTIONS

Release Pledge Amount
 (Every designated charity will be notified of your gift amount.)
 In order to protect your information and maintain confidentiality, each field below requires two steps. Your information will NOT be released unless the field is filled in AND the box is checked. By completing the line(s) below AND checking the box, your name along with the corresponding information will be released to your designated charities.

Home Address _____ Box must be checked

Home E-mail _____ Box must be checked

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2011 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2011 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 _____
 See reverse side for information on volunteer opportunities in your community.



www.campaignservice.com

PLEASE USE BALLPOINT PEN AND WRITE FIRMLY



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