PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #1 - Payroll Office

ATTENTION PAYROLL OFFICES:

CFC Campaign No. 10613 Only use this number to identify the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE IN	NITIAL	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER
			CIVILIAN		
			MILITARY		
WORK ADDRESS & ZIP CODE					WORK PHONE
8					
CONTRIBUTION: Fill in the blan contribution. Write in the total of				Use the New FIVE-D	
ALLOTMENT SOURCE	AMOUNT		TOTAL GIFT	CFC Codes Only	ANNUAL AMOUNT
ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT		
MILITARY PAYROLL		X 12 months	\$		
			P		
CIVILIAN PAYROLL		X 26 pay periods			
			\$		
Other \$	(0	ash/check payable t	o CFC)		
CFC organizations do not provid			5-313111-		
consideration for any contribution card.	ins made to the organiza	itions via this pleage		ED GIFT: To designate one or more on the list provided, fill the charity	
			amounts abo		or rederation code(s) and dollar
	SNITION OPTIONS				
I authorize the CFC to release the charities I have designate		provided below to		PAYROLL DEDUCTION AU	THORIZATION
-	a on this pleage form.		I hereby authorize	any agency of the United States Go	overnment by which I may be employed
Name:			during 2008 to de	educt the amount(s) shown above from	om my pay each pay period during the
Home Address or E-Mail:					t begins in January and ending with the amounts so deducted to the Combined
			Federal Campaign writing at any time	shown above. I understand that this	authorization may be revoked by me in
Pledge Amount: (Check the "	Yes" hox to release the	amount of your		before it expires.	2475
pledge(s) to your designated		amount of your	SIGNATURE -		DATE
			1		

PLEASE USE BALL POINT PEN & WRITE FIRMLY

ATTENTION PAYROLL OFFICES:

Only use this number to identify the local CFC Campaign No. / Dto 13 campaign.

				,,,,,	
PRINT NAME (LAST)	FIRST	MIDDLE IN	NITIAL	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER
			CIVILIAN		
			MILITARY		
WORK ADDRESS & ZIP CODE					WORK PHONE
					()
CONTRIBUTION: Fill in the blar contribution. Write in the total of				Use the New FIVE-	DIGIT
				CFC Codes Onl	y ANNUAL AMOUNT
ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIF	-7	
MILITARY PAYROLL		X 12 months	\$		
			+		
CIVILIAN PAYROLL		X 26 pay periods	\$		
Other \$		(cash/check payable t	o CFC)		
CFC organizations do not provid	de goods or services	in whole or partial			
consideration for any contribution				ED GIFT: To designate one or m	
card.			that appear amounts ab		y or federation code(s) and dollar
RECO	GNITION OPTIONS				
I authorize the CFC to releas				PAYROLL DEDUCTION A	LITHORIZATION
the charities I have designate	ed on this pledge for	m.	I hereby authoriz		Government by which I may be employe
Name:			during 2008 to d	deduct the amount(s) shown above	from my pay each pay period during th
Home Address or E-Mail:					hat begins in January and ending with the he amounts so deducted to the Combine
			Federal Campaig		nis authorization may be revoked by me i
Pledge Amount: (Check the '			SIGNATURE		DATE
pledge(s) to your designated	charities) Yes				

See reverse side for information on volunteer opportunities in your community.

OPM 1654 Rev. March 2007 COPY #2 - To the Central Receipt Point

See reverse side for information on volunteer opportunities in your community.

OPM 1654 Rev. March 2007

2 ATTENTION PAYROLL OFFICES:
Only use this number to identify the local

DATE		SIGNATURE -	e the amount of your	Pledge Amount: (Check the "Yes" box to release the amount of your pledge(s) to your designated charities.) Yes	Pledge Amount: (Check the "Yes" box t pledge(s) to your designated charities.)
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.	real liver year zooo starting with the first pay period that begins in December, and to pay the Federal Campaign shown above. I understand that this writing at any time before it expires.	last pay period that begins in Dece Federal Campaign shown above. I writing at any time before it expires.		=======================================	Home Address or E-Mail:
during 2008 to deduct the amount(s) shown above from my pay each pay period during the colorary year 2008 stortion with the first new posited that begins in Legings and anding with the colorary year 2008 stortion with the first new posited that begins in Legings and anding with the	educt the amount(s) shown above from the characters of the charact	during 2008 to de			Name:
DUCTION AUTHORIZATION	PAYROLL DEDUCTION AU	horoba althoria	have provided below to rm.	I authorize the CFC to release the information I have provided below to the charities I have designated on this pledge form.	I authorize the CFC to release the information I have the charities I have designated on this pledge form.
			· OJ	RECOGNITION OPTIONS	R
ate one or more charities or federated groups fill the charity or federation code(s) and dollar	3IFT: To designa	DESIGNATED of that appear on the amounts above.	s in whole or partial ganizations via this pledge	orovide goods or service ributions made to the org	CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.
		o CFC)	(cash/check payable to CFC)	Ψ	Other \$
		€	X 26 pay periods		CIVILIAN PAYROLL
		€	X 12 months		MILITARY PAYROLL
		TOTAL GIFT	INTERVAL	AMOUNT	ALLOTMENT SOURCE
IGIT ANNUAL AMOUNT	Use the New FIVE-DIGIT CFC Codes Only	nt, cash or check	ount of your payroll allotments	e blank showing the amo otal of your annual contri	CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, contribution. Write in the total of your annual contribution in the space provided.
WORK PHONE					WORK ADDRESS & ZIP CODE
		MILITARY			
		CIVILIAN			
SOCIAL SECURITY NUMBER	FEDERAL AGENCY AND OFFICE	ITIAL	MIDDLE INITIAL	FIRST	PRINT NAME (LAST)
vaign.	CFC Campaign No. 10613 campaign.	CFC C			

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.

Find a Volunteer Opportunity

The USA Freedom Corps Volunteer Network can help you access service opportunities near your home or office, across the country, or overseas. Just go to www.volunteer.gov, enter geographic information, such as zip code or state, and your area of interest to find out how you can get involved.