

PLEASE USE BALL POINT PEN & WRITE FIRMLY



SOUTHWEST GEORGIA COMBINED FEDERAL CAMPAIGN
 P.O. Box 70429, Albany, Georgia 31708-0429

CFC Campaign No. 0210

ATTENTION PAYROLL OFFICES:

Only use this number to identify the local campaign.

| | | | | | |
|-------------------------|-------|----------------|--|---------------------------|-------------------|
| PRINT NAME (LAST) | FIRST | MIDDLE INITIAL | <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY | FEDERAL AGENCY AND OFFICE | SSN / EMPLOYEE ID |
| WORK ADDRESS & ZIP CODE | | | | | WORK PHONE |

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 | \$ |
| Other Cash \$ _____ | | Other Check \$ _____ (make check payable to the Combined Federal Campaign) | |

CHARITY CODE

ANNUAL AMOUNT

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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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

I authorize the CFC to release only the information I have provided below to the charities I have designated on this pledge form.

Name: _____

Enter Home Address OR Home E-Mail: _____

Pledge Amount: (Check the "Yes" box to release only the amount of your pledge(s) to your designated charities.) Yes

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2009 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2009 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.



COPY #1 - PAYROLL OFFICE

PLEASE USE BALL POINT PEN & WRITE FIRMLY

| | | | | | |
|--|-------|------------------------------|--|---|--|
|  SOUTHWEST GEORGIA COMBINED FEDERAL CAMPAIGN P.O. Box 70429, Albany, Georgia 31708-0429 | | CFC Campaign No. 0210 | | ATTENTION PAYROLL OFFICES: Only use this number to identify the local campaign. | |
| PRINT NAME (LAST) | FIRST | MIDDLE INITIAL | <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY | FEDERAL AGENCY AND OFFICE | |
| WORK ADDRESS & ZIP CODE | | | | WORK PHONE | |

| | | | | | | | |
|---|---------------|------------------|--|---------------------|--|----------------------|--|
| 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. | | | | CHARITY CODE | | ANNUAL AMOUNT | |
| <i>ALLOTMENT SOURCE</i> | <i>AMOUNT</i> | <i>INTERVAL</i> | <i>TOTAL GIFT</i> | | | | |
| MILITARY PAYROLL Branch of Service? | | X 12 months | \$ | | | | |
| CIVILIAN PAYROLL | | X 26 pay periods | \$ | | | | |
| Other Cash \$ _____ | | | Other Check \$ _____ (make check payable to the Combined Federal Campaign) | | | | |

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RECOGNITION OPTIONS

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Name: _____

Enter Home Address OR Home E-Mail: _____

Pledge Amount: (Check the "Yes" box to release only the amount of your pledge(s) to your designated charities.) Yes

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

PAYROLL DEDUCTION AUTHORIZATION

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SIGNATURE _____ DATE _____



COPY #2 - FOR CENTRAL RECEIPT POINT

PLEASE USE BALL POINT PEN & WRITE FIRMLY

| | | | | | |
|--|-------|------------------------------|--|---|---|
|  SOUTHWEST GEORGIA COMBINED FEDERAL CAMPAIGN P.O. Box 70429, Albany, Georgia 31708-0429 | | CFC Campaign No. 0210 | | ATTENTION PAYROLL OFFICES: Only use this number to identify the local campaign. | |
| PRINT NAME (LAST) | FIRST | MIDDLE INITIAL | <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY | FEDERAL AGENCY AND OFFICE | |
| WORK ADDRESS & ZIP CODE | | | | |  WORK PHONE |

| 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. | | | | CHARITY CODE | | | | | ANNUAL AMOUNT |
|---|--------|--|------------|--------------|--|--|--|--|---------------|
| ALLOTMENT SOURCE | AMOUNT | INTERVAL | TOTAL GIFT | | | | | | |
| MILITARY PAYROLL <small>Branch of Service?</small> | | X 12 months | \$ | | | | | | |
| CIVILIAN PAYROLL | | X 26 pay periods | \$ | | | | | | |
| Other Cash \$ _____ | | Other Check \$ _____ <small>(make check payable to the Combined Federal Campaign)</small> | | | | | | | |

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

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Name: _____

Enter Home Address OR Home E-Mail: _____

Pledge Amount: (Check the "Yes" box to release only the amount of your pledge(s) to your designated charities.) Yes

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2009 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2009 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.

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COPY #3 - CONTRIBUTOR'S COPY - KEEP FOR PERSONAL TAX RECORDS

Privacy Act Notice

Executive Order No. 12535 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.