



FALL 2016 - NorCal Combined Federal Campaign

1716 North Main Street, Suite A149
Longmont, CO 80501

DATE OF CONTRIBUTION: _____

CFC Campaign #: 0106
ATTENTION PAYROLL OFFICES:

NFC City/State Code: 06-3290

PLEASE USE A BALL POINT PEN & WRITE FIRMLY
For a list of CFC charities, visit our website at www.NorCalCFC.org

PRINT NAME LAST	FIRST	MIDDLE INITIAL	INITIAL	<input type="checkbox"/> CIVILIAN	FEDERAL AGENCY AND OFFICE	SSN / EMPLOYEE ID
					<input type="checkbox"/> MILITARY	
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 \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK (payable to CFC), Check Number: _____		

Charity Code	ANNUAL AMOUNT
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

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 GIFTS: 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. A complete list of CFC agencies can be downloaded from the CFC website: www.NorcalCFC.org

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 e-mail.

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) designated above.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2017 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2017 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 _____

PLEASE INITIAL IF YOU MAKE ANY CHANGES

OPM Form 1654 Rev. May 2016

COPY 1 - Payroll Office

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.