OPM CFC Control No.

ATTENTION PAYROLL OFFICES:
This number identifies the local CFC.
DO NOT enter into Federal Payroll system

			CFC Control No.	DO NOT enter into Federal Payroll systems.		
PRINT NAME (LAST) FIRST	MIDDLE INITIAL	☐ CIVILIAN ☐ MILITARY	FEDERAL ORGANIZATION	UNIT/DIVISION OR PAYROLL OFFICE		
WORK ADDRESS & ZIP CODE			WORK PHONE	SOCIAL SECURITY NUMBER		
CONTRIBUTION: Fill in the blank showing the amount of your pay Write in the total of your annual contribution in the space provided	roll allotment, cash or che	eck contribution.	FOUR DIGIT AGI	ENCY CODE ANNUAL AMOUNT		
CONTRIBUTION AMOUNT	INTERVAL		TOTAL GIFT			
MILITARY PAYROLL	X 12 months	\$				
CIVILIAN PAYROLL	X 26 pay periods	\$				
Other \$	(cash/check paya	able to CFC)				
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 one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) are						
PLEASE CHECK ON	IE BOX		dollar amounts here:			
I do want my name and address released to the voluntary organization(s) I have designated. MY HOME ADDRESS IS: (My name will not be released unless this box is filled out completely.)			PAYROLL DEDUCTION AUTHORIZATION I hereby authorize any agency of the United States Government by which I may be employed during 2003 to			
STREET				ch pay period during the calendar year 2003 starting with		
CITYSTATE	ZIP CODE			g with the last pay period that begins in December, and to ederal Campaign shown above. I understand that this		
☐ I do want my home e-mail address released to the voluntar e-mail address is:	y organization(s) I have de	esignated. My hom	authorization may be revoked by me in writing at any time before it expires.			
I do not want my name and address released to the volunta	ry organization(s) I have o	designated.	SIGNATURE	DATE		

COPY #1 - PAYROLL OFFICE

OPM CFC Control No.

FEDERAL ORGANIZATION

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UNIT/DIVISION OR PAYROLL OFFICE

			ITARY							
WORK ADDRESS & ZIP CODE				WOR	K PHON	E				ĺ
							<u></u>			
CONTRIBUTION: Fill in the blan Write in the total of your annual of	k showing the amount of your par contribution in the space provided	roll allotment, cash or check control.	ribution.			FOUR DIGIT A	AGENCY CO	DDE	ANNUAL A	MOUNT
CONTRIBUTION	AMOUNT	INTERVAL	TO	TAL GIFT	/					
MILITARY PAYROLL		X 12 months	\$		[
CIVILIAN PAYROLL		X 26 pay periods	\$							
Other	\$	(cash/check payable to	CFC)							
CFC Organizations do not contributions made to the	t provide goods or services in organizations via this pledge	n whole or partial consideration card.	n for any	DESIGNATE	D GIFT	S: To designate o	ne or more	charities or	r federated group	os that
PLEASE CHECK ONE BOX I do want my name and address released to the voluntary organization(s) I have designated. MY HOME ADDRESS IS: (My name will not be released unless this box is filled out completely.)				appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts here:						
			lv.)	PAYROLL DEDUCTION AUTHORIZATION						
STREET		·		deduct the amoun	t(s) show	ncy of the United Stat in above from my pay ins in January and en	each pay per	iod during the	calendar year 200	3 starting with
CITY	STATE	ZIP CODE		pay the amounts	so dedu	cted to the Combine	d Federal Ca	mpaign show		
	l address released to the voluntar	y organization(s) I have designate	d. My home	authorization may	be revok	ed by me in writing at	any time befor	re it expires.		
I do not want my name an	nd address released to the volunta	ary organization(s) I have designat	ed.	SIGNATURE _					_ DATE	
								(OPM Form 1654	April 2002

PRINT NAME (LAST)

FIRST

MIDDLE INITIAL

C	PM
С	FC Control No.

ATTENTION PAYROLL OFFICES: This number identifies the local CFC.

				CFC Contro	l No.	DO NOT enter into Federal Payroll systems	
PRINT NAME (LAST)	FIRST		CIVILIAN F	EDERAL ORGANIZATION		UNIT/DIVISION OR PAYROLL OFFICE	
WORK ADDRESS & ZIP CODE				WORK PHONE			
CONTRIBUTION: Fill in the blank s Write in the total of your annual cor	howing the amount of your partibution in the space provide	ayroll allotment, cash or check co	ontribution.		FOUR DIGIT AGENCY	CODE ANNUAL AMOUNT	
CONTRIBUTION	AMOUNT	INTERVAL	TC	OTAL GIFT			
MILITARY PAYROLL		X 12 months	\$				
CIVILIAN PAYROLL		X 26 pay periods	\$				
Other \$)	(cash/check payable	to CFC)				
CFC Organizations do not p contributions made to the or	ganizations via this pledg	e card.	ation for any	 appear on the list pro 	ovided, fill in the charity or	ore charities or federated groups that federation identification number(s) and	
PLEASE CHECK ONE BOX ☐ I do want my name and address released to the voluntary organization(s) I have designated. MY HOME ADDRESS IS: (My name will not be released unless this box is filled out completely.)				dollar amounts here: PAYROLL DEDUCTION AUTHORIZATION I hereby authorize any agency of the United States Government by which I may be employed during 2003 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2003 starting with			
STREET						ne last pay period that begins in December, and to	
CITY STATE ZIP CODE			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.				
I do want my home e-mail ad e-mail address is:	ddress released to the volunta		ated. My home	authorization may be revoke	ed by me in writing at any time be	етоге іт expires.	
I do not want my name and a	address released to the volun	tary organization(s) I have desig	nated.	SIGNATURE		DATE	

person doing business with the Federal government furnish a Social Security Number (SSN) or tax Public Law 104-134 (April 26, 1996) requires that any information related to such activities. activities and to establish procedures for collecting

of Personnel Management to conduct fund raising Executive Order No. 12353 authorizes the U.S.

contributions and to your payroll office. organizations 31, Section 7701. collected maintaining information will be the accounting disclosed ð 으

identification number. This is an amendment to title

tax returns. state and local taxing authorities regarding income court of another agency when the government is party of Treasury to make proper financial adjustments to a Additional disclosure may be made to the Department suit; and to the Internal Revenue Service

payment, you are not required to furnish your SSN. therefore, not using the payroll deduction method of If you are making a one-time, deduction by your agency. lump-sum gift and,

any of the requested information may result in errors

noncompliance with your request for a payroll

requested, is

voluntary.

However,

failure

ð furnish furnishing of the SSN,

along with other data