



2009 INLAND NORTHWEST COMBINED FEDERAL CAMPAIGN
 920 N. Washington ST., STE 100, Spokane, WA 99210-2229 www.inwcfc.org

CFC Campaign Number **0924**

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

Enter Last Name, First Name, and MI	Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Federal Agency and Office	SSN / Employee ID
Work Address & Zip Code			Work Phone Number

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	

Charity Code

ANNUAL AMOUNT

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

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

RECOGNITION OPTIONS

Only checked options will be processed.

Address information is required to receive an acknowledgment from the charity.

My check-mark(s) and completed information below authorize the CFC to release my name and the corresponding information to my designated charities:

- Pledge Amount: _____
- Home Address _____
- Home E-mail: _____

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2010 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2010 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.

OPM 1654
 Rev. March 2009

COPY #1 - PAYROLL OFFICE

PLEASE USE BALL POINT PEN & WRITE FIRMLY

S.D.G.S. FORMS PRINTING (714) 730-4041 455688-09





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COPY #2 - FOR CENTRAL RECEIPT POINT



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Charity Code

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