



**Middle Georgia Area CFC #0217**  
 P.O. Box 1302, Macon, GA 31202-1302 (478) 745-4732

City/State Code: **13 5790**

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

PLEASE USE BALL POINT PEN & WRITE FIRMLY

ENTER FIRST NAME, MIDDLE INITIAL, AND LAST NAME	Check (if applicable) <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL AGENCY AND OFFICE
WORK ADDRESS & ZIP CODE	WORK PHONE	GRADE/RANK (Optional)

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	Charity Code	ANNUAL AMOUNT
<b>MILITARY PAYROLL</b> Branch of Service?		X 12 MONTHS	\$		\$
<b>CIVILIAN PAYROLL</b>		X 26 PAY PERIODS	\$		\$
<b>CASH/CHECK</b> Check Number: _____		Amount: \$			\$
(make check payable to the Combined Federal Campaign)					
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. Undesignated gifts are distributed among all organizations in proportion to their pledges.

Check here if you do not wish to receive any incentive which you may have earned.

**INFORMATION RELEASE (OPTIONAL)**

Any information you enter below will be released, along with your name, to the charity(ies) to which you have designated your contribution(s). Work address or work email will not be released.

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Personal E-mail Address:** \_\_\_\_\_

In addition to my contact information, I authorize the CFC to release the amount(s) designated to the charity(ies).

**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.

Social Security Number  —  —

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

COPY #1 - PAYROLL OFFICE



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Social Security Number [REDACTED] — [REDACTED] —

Signature \_\_\_\_\_ Date \_\_\_\_\_

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COPY #2 - TO THE CENTRAL RECEIPT POINT



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Social Security Number [REDACTED] — [REDACTED] —

Signature \_\_\_\_\_ Date \_\_\_\_\_

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COPY #3 – CONTRIBUTOR TO KEEP THIS COPY FOR PERSONAL RECORDS

## **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 non-compliance 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.