PLEASE USE BALL POINT PEN & WRITE FIRMLY

Quantico CFC
P. O. Box 398, Fredericksburg, VA 22404

CFC Campaign No. 0898

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

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	☐ CIVILIAN ☐ MILITARY	FEDERAL ORGANIZATION	UNIT/DIVISION AND PAYROLL OFFICE
WORK ADDRESS & ZIP CODE				WORK PHONE	SOCIAL SECURITY 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.

CONTRIBUTION	AMOUNT	INTERVAL	TOTAL GIFT
MILITARY PAYROLL		X 12 months	$
CIVILIAN PAYROLL		X 26 pay periods	$
Other $ _____ (cash/check payable 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.

FOUR DIGIT AGENCY CODE	ANNUAL AMOUNT

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) and dollar amounts here:

CHECK ALL THAT APPLY

- ☐ DO NOT release any information
- ☐ Release my name only to the charities I designated.
- ☐ Release my name and contact information to the charities I designated. (Provide your home mailing address and/or e-mail address)

_____

_____

_____

NOTE: If all three boxes are checked, no information will be sent.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 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 _____

OPM Form 1654 June 2004

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