FALL 2010 COMBINED FEDERAL CAMPAIGN OF THE NATIONAL CAPITAL AREA
750 17th St., NW, Suite 200, Washington, DC 20006 Attn: CFCNCA Finance Office
CFC Campaign No. 0990

Fall 2010 Pledge Form

(1) CFCNCA REPORTING NUMBER: 1234567

CITY/STATE CODE: 110010

ATTENTION PAYROLL OFFICES: The CFCNCA Reporting Number is used by the local CFC. **DO NOT** enter into Federal payroll systems.

Reduce costs. Direct more to charities. Pledge online at www.cfcnca.org.

The geographic boundaries for the Combined Federal Campaign of the National Capital Area (CFCNCA) are for employees whose permanent duty stations are in the greater Washington DC Metropolitan Area; Prince George's, Montgomery, Calvert and Charles Counties in Maryland; and Arlington, Fairfax, Loudon and Prince William Counties in Virginia. The Virginia counties include all separately incorporated cities such as Manassas in Prince William County. The CFCNCA does not accept pledges from employees beyond these boundaries. Please check www.opm.gov/cfc to find the local CFC for your duty station.

A I want to support these charities through the CFCNCA:

Direct my gifts to the federations and/or charities listed on this form based on the listings in the 2010 ***Catalog of Caring*** or the online charity database at www.cfcnca.org. Absolutely no "Write-Ins" are allowed. Any amount not earmarked to specific charities on the official CFCNCA list will be classified as "undesignated" and distributed according to Federal CFC rules.

(2A) CHARITY CODE	(2B) ANNUAL AMOUNT
88888	$ 100.00
98765	$ 200.00
(2C) 11111	$ 100.00
	$ (3) 120.00
	$
	$
	$
	$
	$
	$
TOTAL	$ (4) 520.00

Designated amount cannot exceed TOTAL ANNUAL CONTRIBUTION below.

Thank You!

CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this Pledge Form.

For EAGLE AWARD (1% of gross pay) initial here: JD

For DOUBLE EAGLE AWARD (2% of gross pay) initial here: (7)

B Here is my contribution:

Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write the total of your annual contribution in the space provided.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2011 to deduct the amount(s) on this form from my pay each pay period during the calendar year 2011 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.

(6) SIGNATURE John R. Doe DATE 9/28/10

CHECK ONE	AMOUNT PER PAY PERIOD	INTERVAL	TOTAL ANNUAL CONTRIBUTION
☑ CIVILIAN	$ (5A) 20.00	X 26 PAY PERIODS =	$ (5B) 520.00
☐ MILITARY Branch of Service:	$ (5C) .	X 12 MONTHS =	$.
☐ CASH ☐ CHECK	(5D) Make checks payable only to CFCNCA, not a specific charity. Date of contribution		= $.

C Here is my personal contact information:

(8) ☐ ***Count me in!*** *I would like to know more about CFCNCA and provide campaign feedback. I authorize CFCNCA to contact me at the work e-mail address provided below.*

(9) LAST NAME: DOE | FIRST NAME: JOHN | MI: R

(9A) FEDERAL AGENCY AND OFFICE: Dept. of Commerce

WORK ADDRESS (INCLUDE ZIP CODE): 14th & Constitution Ave., NW Washington, DC 20006

SSN / EMPLOYEE ID: 123-45-6789 (9B)

PAYROLL PROVIDER *(Optional)* (9D)

WORK PHONE: 202-555-1234 EXT. 123 (9C)

WORK E-MAIL ADDRESS: JOHNDOE@MYFEDERALJOB.GOV

D Share my donation information in the following ways:

(10) **RECOGNITION OPTIONS**

To protect your information and maintain confidentiality, each field below requires two steps. Once you have completed the line(s) below and checked the box(es), your name and corresponding information will be released to your designated charities. **If you do not check the box,** no information, even if provided, will be released.

(10A)
☑ (box must be checked) **PLEDGE AMOUNT** *(every designated charity will be notified of your gift amount)*

☑ (box must be checked) **HOME ADDRESS** *(this cannot be your work address)*

1234 MAIN STREET | CITY: ROCKVILLE | STATE: MD | ZIP CODE: 12345

☑ (box must be checked) **HOME E-MAIL ADDRESS** *(this cannot be a .gov or .mil address)*

JOHNDOE@SMITH.COM