FALL 2009 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

(1) CFCNCA REPORTING NUMBER: 1234567

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

Fall 2009 Pledge Form

A I want to support these charities through the CFCNCA:

Direct my gift(s) to one or more charities or federated groups that appear in the 2009 *Catalog of Caring* for the CFC of the National Capital Area or on the charity database at www.cfcnca.org. Please designate my gift(s) to these charities.

Please note: Remember to use the 5-digit code as found on the website www.cfcnca.org or in the 2009 Catalog of Caring. Absolutely no "Write-Ins" are allowed; only charities listed in the 2009 Catalog of Caring can be designated. Amounts not earmarked to specific charities on the official CFCNCA list will be classified "undesignated" and distributed according to Federal CFC regulations.

Note: According to IRS regulations, taxpayers who itemize charitable deductions are required to have proper documentation for all charitable gifts, regardless of the amount. ***Consult your tax advisor for more information.***

(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%) initial here: JD (7)

For DOUBLE EAGLE AWARD (2%) initial here: _____

B Here is my 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.

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.

(6) SIGNATURE John R. Doe DATE 9/28/09

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)	X 1 =	$

Make checks payable to CFCNCA.

C Here is my personal contact information:

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

(9) 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 (9A)

PAYROLL PROVIDER *(Optional)* (9C)

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

WORK E-MAIL ADDRESS: JOHNDOE@MYFEDERALJOB.GOV

(10) ❑ ***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 above.***

D Share my donation information in the following ways:

(11) **RELEASE AUTHORIZATION**

Only checked options will be processed. Address information is required to receive an acknowledgement from all designated charities.

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

(11A) ☑ **PLEDGE AMOUNT**: Check this box to release only the amount of your pledge(s) to your designated charities.

☑ **HOME ADDRESS:** 1234 MAIN STREET | CITY: ROCKVILLE | STATE: MD | ZIP CODE: 12345

☑ **HOME E-MAIL ADDRESS:** JOHNDOE@SMITH.COM