



2009-2010 Heart of Alabama Combined Federal Campaign  
c/o Regions Bank, P. O. Box 511 Montgomery AL 36101-0511

CFC Campaign No. 0005

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

Enter Last Name, First Name & MI <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL AGENCY AND OFFICE	ORG CODE
WORK ADDRESS & ZIP CODE		WORK PHONE (Include Area Code)

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	\$

Check / Cash Amount \$ \_\_\_\_\_ Check Number \_\_\_\_\_  
(Make check payable to CFC)  
Date of Cash/Check Contribution \_\_\_\_\_

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

**RECOGNITION OPTIONS**

\* Only checked options will be processed\*

\*Address information is required to receive an acknowledgment from the charity\*

My check marks and completed information below authorize the CFC to release my name and corresponding information to my designated charities

- Pledge amount  
 Home Address \_\_\_\_\_  
 Home E-mail \_\_\_\_\_

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

**CHARITY CODE**

**ANNUAL AMOUNT**

									\$
									\$
									\$
									\$
									\$
									\$

DESIGNATED GIFT: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation code(s) and dollar amounts above.

**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 \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OPM 1654 Rev. March 2009

COPY #1 PAYROLL OFFICE COPY

PLEASE USE BALLPOINT PEN & WRITE FIRMLY



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