



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

**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

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
<b>MILITARY PAYROLL</b> Branch of Service?		X 12 MONTHS	\$
<b>CIVILIAN PAYROLL</b>		X 26 PAY PERIODS	\$
Check / Cash Amt. \$ _____ Check No: _____ Date of Contribution _____ (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.

**RECOGNITION OPTIONS**

*\*Only checked options will be processed.\**

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

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

- Pledge Amount: \_\_\_\_\_
- Home Address: \_\_\_\_\_  
\_\_\_\_\_
- Home E-mail: \_\_\_\_\_

**Charity Code**

**ANNUAL AMOUNT**

	\$	
	\$	
	\$	
	\$	
	\$	

- Donor Recognition**
- Single Fair Share**
  - Double Fair Share**
  - Triple Fair Share**

DESIGNATED GIFT: To designate to one or more charities or federated groups, fill in the charity 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.

Social Security Number  —  —

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

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

COPY #1 - PAYROLL OFFICE



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WORK ADDRESS & ZIP CODE		WORK PHONE	

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	Donor Recognition
MILITARY PAYROLL Branch of Service?		X 12 MONTHS	\$		\$	Single Fair Share <input type="checkbox"/>
CIVILIAN PAYROLL		X 26 PAY PERIODS	\$		\$	Double Fair Share <input type="checkbox"/>
Check / Cash Amt. \$ _____ Check No: _____ Date of Contribution _____ (make check payable to the Combined Federal Campaign)					\$	Triple Fair Share <input type="checkbox"/>
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:

**RECOGNITION OPTIONS**  
*\*Only checked options will be processed.\**  
*\*Address information is required to receive an acknowledgment from the charity.\**  
 My check-mark(s) and completed information below authorize the CFC to release my name and the corresponding information to my designated charities.

Pledge Amount: \_\_\_\_\_

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

Home E-mail: \_\_\_\_\_

**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.

Social Security Number [redacted] — [redacted] — [redacted]

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

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COPY #2 - TO THE CENTRAL RECEIPT POINT



**Middle Georgia Area CFC #0217**  
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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	

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 Amt. \$ _____ Check No: _____ Date of Contribution _____ (make check payable to the Combined Federal Campaign)			

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**RECOGNITION OPTIONS**

*\*Only checked options will be processed.\**

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

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

- Pledge Amount: \_\_\_\_\_
- Home Address: \_\_\_\_\_  
 \_\_\_\_\_
- Home E-mail: \_\_\_\_\_

**Charity Code**

**ANNUAL AMOUNT**

						\$	
						\$	
						\$	
						\$	
						\$	

- Donor Recognition**
- Single Fair Share**
  - Double Fair Share**
  - Triple Fair Share**

DESIGNATED GIFT: To designate to one or more charities or federated groups, fill in the charity code(s) and dollar amounts above:

**PAYROLL DEDUCTION AUTHORIZATION**

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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.

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### **Find a Volunteer Opportunity**

The USA Freedom Corps Volunteer Network can help you access service opportunities near your home or office, across the country, or overseas. Just go to [www.volunteer.gov](http://www.volunteer.gov), enter geographic information, such as zip code or state, and your area of interest to find out how you can get involved.