



2009 Fresno-Madera Counties Combined Federal Campaign  
4949 East Kings Canyon Road, Fresno, CA 93727

CFC Campaign Number **0095**

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

Enter Last Name, First Name, and MI	Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Federal Agency and Office	SSN / Employee ID
Work Address & Zip Code			Work Phone 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.

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT
<b>MILITARY PAYROLL</b> Branch of Service?	\$	x 12 months	
<b>CIVILIAN PAYROLL</b>	\$	x 26 pay periods	

Charity Code

ANNUAL AMOUNT

						—	
						—	
						—	
						—	
						—	

Check / Cash Amt.: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_  
(make check payable to the Combined Federal Campaign)  
Date of Contribution: \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

See reverse side for information on volunteer opportunities in your community. OPM 1654 Rev. March 2009

**COPY #1 - PAYROLL OFFICE**

PLEASE USE BALL POINT PEN & WRITE FIRMLY

S.D.G.S. FORMS PRINTING (714) 730-4041 456354-09





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**COPY #2 - FOR CENTRAL RECEIPT POINT**



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Work Address & Zip Code			Work Phone Number

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ALLOTMENT SOURCE      AMOUNT      INTERVAL      OTHER GROUPS

<b>MILITARY PAYROLL</b> Branch of Service? _____	\$ _____	x 12 months	
<b>CIVILIAN PAYROLL</b>	\$ _____	x 26 pay periods	

Check / Cash Amt.: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_  
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Charity Code

ANNUAL AMOUNT


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Rev. March 2009

**COPY #3 - CONTRIBUTOR'S COPY - KEEP FOR PERSONAL TAX RECORDS**

PLEASE USE BALL POINT PEN & WRITE FIRMLY

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