

2004 Columbia River/Willamette Valley Combined Federal Campaign Pledge Form

Complete and mail to the address at the top of the form, with your check made payable to "CFC." Please keep a copy for your records. THANK YOU!

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|--|-------|----------------|--|----------------------|-------------|--|
| Columbia River/Willamette Valley 2004 Combined Federal Campaign | | | | CFC Campaign Number | 0728 | ATTENTION PAYROLL OFFICES: Only use this number to identify the local campaign |
| PCFO Address: 619 SW 11th Ave., #300, Portland, OR 97205, (503) 226-9375 | | | | | | |
| PRINT NAME (LAST) | FIRST | MIDDLE INITIAL | <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY | FEDERAL ORGANIZATION | | UNIT/DIVISION AND PAYROLL OFFICE |
| WORK ADDRESS & ZIP CODE | | | | WORK PHONE | | SOCIAL SECURITY NUMBER |

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|---|---------------|------------------|---------------------------------|--|--|----------------------|--|--|--|--|--|
| 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. | | | | FOUR DIGIT AGENCY CODE | | ANNUAL AMOUNT | | | | | |
| <i>CONTRIBUTION</i> | <i>AMOUNT</i> | <i>INTERVAL</i> | <i>TOTAL GIFT</i> | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table> | | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table> | |
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| | | | | | | | | | | | |
| MILITARY PAYROLL | | X 12 months | \$ | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table> | | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table> | |
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| CIVILIAN PAYROLL | | X 26 pay periods | \$ | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table> | | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table> | |
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| OTHER \$ _____ | | | (cash / check payable to CFC) | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table> | | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table> | |
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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 GIFTS: To designate to one or more charities or federations that appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts here.

PLEASE CHECK ONLY ONE BOX

DO NOT release any information.

Release only my name to the charities I designated.

Release my name and contact information to the charities I designated.
(Provide your home mailing address and/or e-mail address)

NOTE: If no boxes are checked, no information will be sent.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 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 amount(s) 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: _____

OPM Form 1654 June 2004

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