



2009/10 Norcal Combined Federal Campaign  
913 20<sup>th</sup> Street, Sacramento, CA 95811

CFC Campaign No. **0106**

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

Print Last Name, First Name, and MI

Check (if applicable)

- CIVILIAN  
 MILITARY

Federal Agency and Office

Work Address & Zip Code

Work Phone Number

iCan

*Now More Than Ever*



2009-2010

Norcal Combined Federal Campaign

PLEASE USE BALL POINT PEN & WRITE FIRMLY





Print 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 GIFTS: 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 \_\_\_\_\_



Print Last Name, First Name, and MI	Check (if applicable) <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	Federal Agency and Office	
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.

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- 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 \_\_\_\_\_



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Print Last Name, First Name, and MI	Check (if applicable) <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	Federal Agency and Office	
Work Address & Zip Code			Work Phone Number

**CONTRIBUTION:** Fill in the blank showing the amount of your payroll allotment for each pay period or cash contribution. Write in the total of your annual contribution in the designated area.

ALLOTMENT SOURCE	AMOUNT	INVOICES	TOTAL
<b>MILITARY PAYROLL</b> Branch of Service? _____ x 2 months			
<b>Civilian Payroll</b> x 26 pay periods			

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 in part in consideration for any contributions made to the organization as a pledged amount.

Charity Code	Annual Amount
	\$
	\$
	\$
	\$
	\$
	\$

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

**RECOGNITION OPTION**  
 \*Only checked option 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**

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

**Thank you**

## **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 noncompliance 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.

## **Find a Volunteer Opportunity**

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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.