

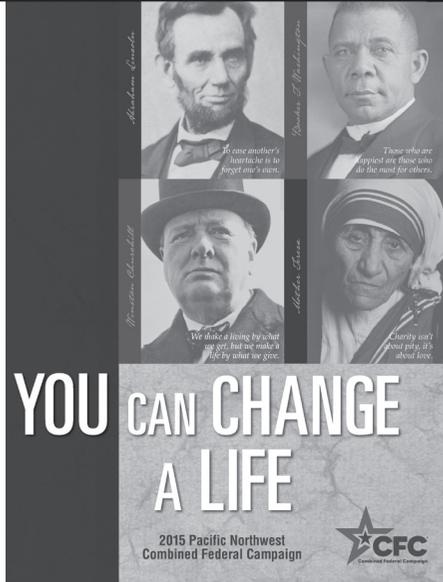


Pacific Northwest Combined Federal Campaign
 619 SW 11th Avenue, Suite 300
 Portland, OR 97205, 503-226-9557
www.yourcfc.org

City/State Code **41 1650**
 CFC Campaign No. **0728**

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

PRINT NAME (LAST)		FIRST	MI	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	SSN/Employee ID
FEDERAL AGENCY AND OFFICE			WORK ADDRESS & ZIP		WORK PHONE NUMBER



Important Reminders to Donors

- Verify that each charity code has five digits and does not begin with a zero. Undesignated pledges may use "AAAAA."
- Verify the following are legible and complete:
 - Name
 - Federal Agency and Office
 - Work Address and Zip Code
 - Work Phone
- Verify the mathematical accuracy of the pledge card.
- If you want to be recognized/thanked by the charity you gave to, please complete the "Information Release" box legibly.
- Payroll deduction and cash/check donations are accepted.
- "Universal Giving" is here! Please visit the Pacific Northwest CFC website for more details.

2015 Pacific Northwest Combined Federal Campaign

Please use ball point pen to write firmly and provide complete information.

Thank you for choosing to support the Pacific Northwest Combined Federal Campaign and our member charities.

Your gift does make a difference – whether it's \$5 or \$100 per pay period, see how your gift can impact the local and global community:

Per 26 Pay Periods:

- \$5 Feeds six families consisting of four people for a week.
- \$10 Supplies 12,000 gallons of clean water to people living in the midst of a cholera outbreak.
- \$20 Provides the initial vaccines and vet care for five puppies who are training to become guide dogs.
- \$25 Provides a child undergoing medical treatment two chest X-rays.
- \$30 Delivers meals to 110 seniors in their home.
- \$40 Provides monthly care for five trafficking survivors in India; including food, shelter, counseling, and more.
- \$50 Provides backpacks filled with essential care and comfort items for 13 wounded service members during their hospital stay.
- \$100 Provides a medical kit containing basic drugs, supplies, equipment, and dressings to treat over 7,500 patients for three months.

YOU CAN CHANGE A LIFE



Pacific Northwest Combined Federal Campaign
 619 SW 11th Avenue, Suite 300
 Portland, OR 97205, 503-226-9557
 www.yourcfc.org

City/State Code **41 1650**
 CFC Campaign No. **0728**

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

PRINT NAME (LAST)	FIRST	MI	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	SSN/Employee ID
--------------------------	--------------	-----------	--	------------------------

FEDERAL AGENCY AND OFFICE	WORK ADDRESS & ZIP	WORK PHONE NUMBER
----------------------------------	-------------------------------	--------------------------

X BOX	MILITARY PAYROLL	TOTAL
	\$ _____ X 12 pay periods	\$ _____
	\$ 109.00 X 12 pay periods	\$ 1,308.00
	\$ 87.00 X 12 pay periods	\$ 1,044.00
	\$ 65.00 X 12 pay periods	\$ 780.00
	\$ 55.00 X 12 pay periods	\$ 660.00
	\$ 44.00 X 12 pay periods	\$ 528.00
	\$ 22.00 X 12 pay periods	\$ 264.00
	\$ 11.00 X 12 pay periods	\$ 132.00

← **Payroll Deduction:** Check a box or fill in the blank showing the amount of your payroll allotment. Write in the total of your annual contribution in the space provided. Minimum \$1.00 per pay period for CIV, \$2.00 per pay period for MIL. Whole dollar amounts only.

Cash or Check Donation: Circle method of payment and write in the total of your check or cash contribution at the bottom of the box. Make checks payable to "CFC." Minimum check contribution: \$5.00.

Check / Cash Amt: \$ _____ Date _____ Check # _____

X BOX	CIVILIAN PAYROLL	TOTAL
	\$ _____ X 26 pay periods	\$ _____
	\$ 50.00 X 26 pay periods	\$ 1,300.00
	\$ 40.00 X 26 pay periods	\$ 1,040.00
	\$ 30.00 X 26 pay periods	\$ 780.00
	\$ 25.00 X 26 pay periods	\$ 650.00
	\$ 20.00 X 26 pay periods	\$ 520.00
	\$ 10.00 X 26 pay periods	\$ 260.00
	\$ 5.00 X 26 pay periods	\$ 130.00

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. Undesignated gifts are distributed among all organizations in proportion to their pledges.

CHARITY CODE	ANNUAL AMOUNT
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address _____

Personal Email Address _____

In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2016 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2016 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 _____

PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #1 - FEDERAL AGENCY PAYROLL OFFICE



Pacific Northwest Combined Federal Campaign
 619 SW 11th Avenue, Suite 300
 Portland, OR 97205, 503-226-9557
 www.yourcfc.org

City/State Code **41 1650**
 CFC Campaign No. **0728**

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

PRINT NAME (LAST) FIRST MI CIVILIAN MILITARY

FEDERAL AGENCY AND OFFICE WORK ADDRESS & ZIP WORK PHONE NUMBER

X BOX	MILITARY PAYROLL	TOTAL
	\$ _____ X 12 pay periods	\$ _____
	\$ 109.00 X 12 pay periods	\$ 1,308.00
	\$ 87.00 X 12 pay periods	\$ 1,044.00
	\$ 65.00 X 12 pay periods	\$ 780.00
	\$ 55.00 X 12 pay periods	\$ 660.00
	\$ 44.00 X 12 pay periods	\$ 528.00
	\$ 22.00 X 12 pay periods	\$ 264.00
	\$ 11.00 X 12 pay periods	\$ 132.00

← Payroll Deduction: Check a box or fill in the blank showing the amount of your payroll allotment. Write in the total of your annual contribution in the space provided. Minimum \$1.00 per pay period for CIV, \$2.00 per pay period for MIL. Whole dollar amounts only.

Cash or Check Donation: Circle method of payment and write in the total of your check or cash contribution at the bottom of the box. Make checks payable to "CFC." Minimum check contribution: \$5.00.

Check / Cash Amt: \$ _____ Date _____ Check # _____

X BOX	CIVILIAN PAYROLL	TOTAL
	\$ _____ X 26 pay periods	\$ _____
	\$ 50.00 X 26 pay periods	\$ 1,300.00
	\$ 40.00 X 26 pay periods	\$ 1,040.00
	\$ 30.00 X 26 pay periods	\$ 780.00
	\$ 25.00 X 26 pay periods	\$ 650.00
	\$ 20.00 X 26 pay periods	\$ 520.00
	\$ 10.00 X 26 pay periods	\$ 260.00
	\$ 5.00 X 26 pay periods	\$ 130.00

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. Undesignated gifts are distributed among all organizations in proportion to their pledges.

CHARITY CODE	ANNUAL AMOUNT
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address _____

Personal Email Address _____

In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2016 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2016 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 _____

PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #2 - PACIFIC NW CFC OFFICE



Pacific Northwest Combined Federal Campaign
 619 SW 11th Avenue, Suite 300
 Portland, OR 97205, 503-226-9557
 www.yourcfc.org

City/State Code **41 1650**
 CFC Campaign No. **0728**

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

PRINT NAME (LAST) _____ FIRST _____ MI _____ CIVILIAN MILITARY

FEDERAL AGENCY AND OFFICE _____ WORK ADDRESS & ZIP _____ WORK PHONE NUMBER _____

X BOX	MILITARY PAYROLL	TOTAL
	\$ _____ X 12 pay periods	\$ _____
	\$ 109.00 X 12 pay periods	\$ 1,308.00
	\$ 87.00 X 12 pay periods	\$ 1,044.00
	\$ 65.00 X 12 pay periods	\$ 780.00
	\$ 55.00 X 12 pay periods	\$ 660.00
	\$ 44.00 X 12 pay periods	\$ 528.00
	\$ 22.00 X 12 pay periods	\$ 264.00
	\$ 11.00 X 12 pay periods	\$ 132.00

← Payroll Deduction: Check a box or fill in the blank showing the amount of your payroll allotment. Write in the total of your annual contribution in the space provided. Minimum \$1.00 per pay period for CIV, \$2.00 per pay period for MIL. Whole dollar amounts only.

Cash or Check Donation: Circle method of payment and write in the total of your check or cash contribution at the bottom of the box. Make checks payable to "CFC." Minimum check contribution: \$5.00.

Check / Cash Amt: \$ _____ Date _____ Check # _____

X BOX	CIVILIAN PAYROLL	TOTAL
	\$ _____ X 26 pay periods	\$ _____
	\$ 50.00 X 26 pay periods	\$ 1,300.00
	\$ 40.00 X 26 pay periods	\$ 1,040.00
	\$ 30.00 X 26 pay periods	\$ 780.00
	\$ 25.00 X 26 pay periods	\$ 650.00
	\$ 20.00 X 26 pay periods	\$ 520.00
	\$ 10.00 X 26 pay periods	\$ 260.00
	\$ 5.00 X 26 pay periods	\$ 130.00

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. Undesignated gifts are distributed among all organizations in proportion to their pledges.

CHARITY CODE	ANNUAL AMOUNT
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address _____

Personal Email Address _____

In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2016 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2016 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 _____

PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #3 – Contributor's Copy – Keep For Personal Tax 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 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.