

CONTRIBUTOR COPY

8.75"

2009 MARICOPA COUNTY COMBINED FEDERAL CAMPAIGN ☆ P.O. BOX 60033, Phoenix, AZ 85082-0033

CFC Campaign No. 0052 ATTENTION PAYROLL OFFICERS: Only use this number to identify the local campaign.



PLEASE USE BALL POINT PEN AND WRITE FIRMLY

| | | | | | |
|-----------------------|-------------------------|----------------|-----------------------------------|-------------------|---------------------------|
| PRINT NAME (LAST) | FIRST | MIDDLE INITIAL | <input type="checkbox"/> CIVILIAN | SSN / EMPLOYEE ID | FEDERAL AGENCY AND OFFICE |
| | | | <input type="checkbox"/> MILITARY | | |
| RANK/GRADE (Optional) | 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.

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

BOX **MILITARY PAYROLL / BRANCH:** USAF USA USN USMC USCG PHS **TOTAL GIFT**

| | | | |
|---------------------------|--------------------|--------------|--|
| \$ _____ | X 12 pay periods = | | \$ _____ |
| \$ 130.00 | X 12 pay periods = | | \$ 1,560.00 |
| \$ 100.00 | X 12 pay periods = | | \$ 1,200.00 |
| \$ 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 |
| \$ 22.00 | X 12 pay periods = | | \$ 264.00 |
| Cash/Check Amt.: \$ _____ | | Check# _____ | (Payable to CFC) Date of Contribution: _____ |

CIVILIAN PAYROLL

| | | | |
|---------------------------|--------------------|--------------|--|
| \$ _____ | X 26 pay periods = | | \$ _____ |
| \$ 60.00 | X 26 pay periods = | | \$ 1,560.00 |
| \$ 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 |
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| | CHARITY CODE | ANNUAL AMOUNT |
|--|--------------|---------------|
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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.

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.

MINIMUM CASH/CHECK: \$5.00 / MINIMUM PAYROLL DEDUCTION: OPM 1654
 Military, \$2.00 per month; Civilians, \$1.00 per pay period Rev. MARCH 2009

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 Email: _____

Home Address: _____

 CITY STATE ZIP

4.66"

90420 UNICOM GRAFIX, INC. 1-800-999-5791

COPY #3 - CONTRIBUTOR - Keep for Personal Tax Records

PAYROLL OFFICE COPY

8.75"

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CIVILIAN PAYROLL

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90420 UNICOM GRAFIX, INC. 1-800-999-5791

PLEASE USE BALL POINT PEN AND WRITE FIRMLY

COPY #1 - PAYROLL OFFICE

4.66"

8.75"

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CHARITY CODE

ANNUAL AMOUNT

| | | | | | | |
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4.66"