

PLEDGE CARDS

1. Please check to see that your name, address, phone, and social security number, etc. are printed correctly.
2. For payroll giving, write in the desired dollar amount you wish to have donated each pay period. Multiply that amount by 12 for military personnel or by 26 for civilian personnel. The minimum payroll deduction authorized by OPM is \$2.00 for civilians and \$4.00 for military employees. Be sure to sign and date the payroll authorization. Double check all math to decrease errors in processing.
3. For cash or check giving, write in the dollar amount of your total gift. Make checks payable to the “Combined Federal Campaign.” The suggested minimum donation to designate your gift is \$5.00.
4. To designate to the agency/agencies of your choice, write in the five-digit code number and the dollar amount you wish to designate to each agency in the boxes provided. You can search for an agency’s five-digit code in the campaign catalog or online at heartlandcfc.org. If you choose not to designate, please leave the boxes blank.
5. To release your name to the agency/agencies you donate to, mark the appropriate box indicating your preference and fill in the corresponding information. If you mark yes, you must provide your name and address on the lines provided, or your name will not be released.
6. Be sure to sign the bottom of the form, with date for payroll deduction pledges only.
7. If you do not wish to receive a recognition gift for your \$500+ donation, please mark this box to indicate your request.

Keep your copy of the form – Detach copy #3 (the pink copy) for your records and return the cover sheet and copies #1 and #2 to your Canvasser or Coordinator.



2016 HEARTLAND COMBINED FEDERAL CAMPAIGN
 2300 Main Street, Suite 2NE 521, Kansas City, MO 64108 (816) 823-2010

CFC Campaign City/State Code:
 No. **0524 29 4120**

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

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE	
WORK ADDRESS & ZIP CODE					WORK PHONE 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

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT
MILITARY PAYROLL Branch of Service?		X 12 months	\$
CIVILIAN PAYROLL		X 26 pay periods	\$
CASH/CHECK Check Number: _____ <small>(make check payable to the Combined Federal Campaign)</small>		Cash/Check Amount: _____	\$

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3

CHARITY CODE

ANNUAL AMOUNT

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					—	
					—	
					—	
					—	

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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 GIFT: To designate 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.

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 _____

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

I do not wish to receive a donation gift.

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PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2017 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2017 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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