



South Jersey Combined Federal Campaign
P.O. Box 226, Rancocas, NJ 08073-0226

CFC Campaign Number 0580

City/State Code: 34 0090

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

PLEASE USE B ALL POINT PEN & WRITE FIRMLY

Enter 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	Charity Code	Annual Amount
MILITARY PAYROLL Branch of Service?	\$	X 12 months	\$		\$
Civilian Payroll	\$	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 partial consideration for any contributions made to the organizations via the pledge card.					
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.				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.	
Home Address _____				PAYROLL REDUCTION AUTHORIZATION	
Personal Email Address _____				I hereby authorize any agency of the United States Government by which I may be employed during 2012 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2012 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.	
<input type="checkbox"/> In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.				Signature _____ Date _____	

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