



FALL 2015 GREATER MISSISSIPPI CFC
P. O. Box 2128, Gulfport, MS 39505

CFC Campaign No. **0500** City/State Code: **28 1020**

ATTENTION PAYROLL OFFICES:
Use this number only to identify the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER/EMPLOYEE ID
WORK ADDRESS & ZIP CODE					WORK PHONE NUMBER ()

PLEASE USE BALL POINT PEN & WRITE FIRMLY

www.campaignservice.com

CONTRIBUTION: Please check one of the boxes or fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total annual contribution in the space provided.

CIVILIAN	MILITARY	Branch of Service?	CHARITY CODE	ANNUAL AMOUNT
<input type="checkbox"/> x 26 pay periods =	<input type="checkbox"/> x 12 pay periods =			
<input type="checkbox"/> \$78.00 x 26 pay periods = \$2,028.00	<input type="checkbox"/> \$170.00 x 12 pay periods = \$2,040.00			
<input type="checkbox"/> \$40.00 x 26 pay periods = \$1,040.00	<input type="checkbox"/> \$100.00 x 12 pay periods = \$1,200.00			
<input type="checkbox"/> \$20.00 x 26 pay periods = \$520.00	<input type="checkbox"/> \$50.00 x 12 pay periods = \$600.00			
<input type="checkbox"/> \$10.00 x 26 pay periods = \$260.00	<input type="checkbox"/> \$25.00 x 12 pay periods = \$300.00			
<input type="checkbox"/> \$6.00 x 26 pay periods = \$156.00	<input type="checkbox"/> \$15.00 x 12 pay periods = \$180.00			
Cash/Check Amount: _____ Check # _____ Make check payable to the Combined Federal Campaign	Cash/Check Amount: _____ Check # _____ Make check payable to the Combined Federal Campaign			

CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card. **Date of Contribution:** _____

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 _____

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 _____

