



2016 Hawaii-Pacific Area Combined Federal Campaign
 200 N Vineyard Blvd, Ste 700, Honolulu, HI 96817
 www.cfc-hawaii.org

ATTENTION PAYROLL OFFICES:
 Only use this number to identify the local campaign
 CFC Campaign No. 0225

NFC City/State Code
 15 2400

PRINT NAME: (LAST) _____ (FIRST) _____ (MIDDLE INITIAL) _____		<input type="checkbox"/> Civilian <input type="checkbox"/> Military	SSN / USPS EMPLOYEE ID <small>(Required for Payroll Deduction Only)</small>
FEDERAL AGENCY / BRANCH OF MILITARY SERVICE	DEPT / MILITARY UNIT	Duty Location <input type="checkbox"/> State of Hawaii <input type="checkbox"/> Guam <input type="checkbox"/> Northern Marianas <input type="checkbox"/> American Samoa	WORK PHONE NUMBER () _____

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

MILITARY		ANNUAL TOTAL	CIVILIAN		ANNUAL TOTAL
<input type="checkbox"/>	\$ _____ X 12 pay periods = <small>(Write in amount)</small>	\$ _____	<input type="checkbox"/>	\$ _____ X 26 pay periods = <small>(Write in amount)</small>	\$ _____
<input type="checkbox"/>	\$50.00 X 12 pay periods =	\$600.00	<input type="checkbox"/>	\$25.00 X 26 pay periods =	\$650.00
<input type="checkbox"/>	\$25.00 X 12 pay periods =	\$300.00	<input type="checkbox"/>	\$15.00 X 26 pay periods =	\$390.00
<input type="checkbox"/>	\$15.00 X 12 pay periods =	\$180.00	<input type="checkbox"/>	\$10.00 X 26 pay periods =	\$260.00
<input type="checkbox"/>	Check/Cash Ck# _____ Amount: \$ _____ <small>(Make check payable to the Combined Federal Campaign)</small>		<input type="checkbox"/>	Check/Cash Ck# _____ Amount: \$ _____ <small>(Make check payable to the Combined Federal Campaign)</small>	

PRINT NEATLY

KEYPERSON ENVELOPE NUMBER

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 five-digit charity code(s) and dollar amount(s) below. Undesignated gifts are distributed among all organizations in proportion to their pledges.

FIVE DIGIT CHARITY CODE	ANNUAL AMOUNT
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

INFORMATION RELEASE (OPTIONAL)

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

Home Address _____
(Include City, State and Zip)

Personal E-mail 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 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 _____

PLEASE USE BALLPOINT PEN & WRITE FIRMLY