

# 2018 Combined Federal Campaign Federal Employee Pledge Form

OPM Form 1654-A



Please fill in with black ink. Sections marked with \* are mandatory.

Online pledges are accepted through Jan. 11, 2019, by visiting [opm.gov/ShowSomeLoveCFC](http://opm.gov/ShowSomeLoveCFC). **All paper pledge forms should be submitted to your Keyworker as early as possible to allow time for processing.** Keep a copy of this form before submitting to your Keyworker. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge.

## Donor Information

Primary Email Address <i>(official government)</i>		Secondary Email Address <i>(personal email to provide to charities, if released)</i>	
First Name*		Last Name *	
Your Department* <i>(e.g., Defense, Homeland Security, USPS)</i>	Federal Agency* <i>(e.g., U.S. Army, U.S. Customs and Border Patrol)</i>		Your Office/Unit *
Donor Type*		Office/Work Zip Code or APO*	
<input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Postal		<input type="checkbox"/> I'm located in a foreign territory without a ZIP Code	

## Pledge Information

Allotment Source	Amount Per Deduction	Total Annual Gift	Charity Designation																					
<input type="checkbox"/> <b>Payroll</b> SSN:* <i>(only required if electing payroll)</i> ____ - ____ - ____	\$ _____ Check Payroll Frequency: <input type="checkbox"/> <b>Monthly x12</b> <input type="checkbox"/> <b>Semi-Monthly x24</b> <input type="checkbox"/> <b>Bi-Weekly x26</b>	\$ _____ <i>(multiply amount per deduction by the payroll frequency to determine your total annual gift)</i>	You must select one or more charities or federated groups to receive your donation. Identify your selected charities by entering their corresponding five-digit code along with the total dollar amount you want each charity to receive. The total annual gift from the left must match the total pledged to charities below.  If you would like to donate to more than five charities, please visit <a href="http://opm.gov/ShowSomeLoveCFC">opm.gov/ShowSomeLoveCFC</a> to complete an online donation or attach another copy of this form and label your forms 1 of X, 2 of X, etc. The total annual contribution amount should appear on copy 1 of X.																					
<input type="checkbox"/> <b>Check</b> <i>Make checks payable to "Combined Federal Campaign" and attach to this form.</i>	N/A	\$ _____ <i>Check Amount</i>																						
<b>Authorization</b>  If I chose payroll deduction as my payment source, I hereby authorize any agency of the United States Government by which I may be employed during 2019 to deduct the amount(s) shown above from my pay each pay period. My deductions will be in effect for one full year starting with the first pay period after January 15 and ending with the last pay period that includes January 15 of the following year. I authorize my payroll service provider to pay the amounts shown to the Combined Federal Campaign. I understand that this authorization may be revoked by me in writing at any time before it expires. I also acknowledge that I have the right to receive a notification if the amount(s) scheduled to be transferred differ(s) from the amount(s) displayed above. If I chose check, I hereby authorize Give Back Foundation on behalf of the Combined Federal Campaign to process my paper check as an electronic funds transfer (EFT) for the payment amount elected.			<table border="1"> <thead> <tr> <th>CFC Charity Code</th> <th>Annual Amount</th> <th>Volunteer Time</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td>XX HOURS</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>XX HOURS</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>XX HOURS</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>XX HOURS</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>XX HOURS</td> </tr> <tr> <td colspan="2"><b>TOTAL ANNUAL CONTRIBUTION:</b></td> <td>HRS</td> </tr> </tbody> </table>	CFC Charity Code	Annual Amount	Volunteer Time	_____	\$ _____	XX HOURS	_____	\$ _____	XX HOURS	_____	\$ _____	XX HOURS	_____	\$ _____	XX HOURS	_____	\$ _____	XX HOURS	<b>TOTAL ANNUAL CONTRIBUTION:</b>		HRS
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SIGNATURE _____ DATE <u>1/11/2019</u>																								

## Information Release (optional)

By checking each box below, I authorize the CFC to release my name and the following to my designated charity(ies):

- My pledge amount**
- My volunteer time** *(If you do not release your volunteer commitment, please contact the charity to volunteer.)*
- My home address** *(If opting to release your information, please provide your home address below.)*
- My email** *(secondary/nongovernment e-mail address)*

Home Address	City	State	Zip Code

Individuals may pledge online at [opm.gov/ShowSomeLoveCFC](http://opm.gov/ShowSomeLoveCFC) and may contact the CFC Help Desk Monday through Friday from 8 a.m. until 6 p.m. Central Time at 800-797-0098 (toll-free) or 608-237-4898 (local/international) with questions about the pledge process.