

Alaska CFC 701 W 8th Avenue, Suite 230
Anchorage, AK 99501 907-263-3818

OPM Control No. 0030



ALASKA CFC

shelter the homeless

care for the elderly

respond to disaster



enrich countless lives

research illnesses

cure a disease



empower the poor

iCan

defend equal rights

save a life

preserve freedom

educate the children

feed the hungry



save a species

protect the environment

comfort the suffering

2010 Alaska CFC Pledge Form

www.alaskafc.org

2010 Alaska Combined Federal Campaign

Contact Information

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Director

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Alaska CFC

701 W 8th Avenue, Suite 230

Anchorage, AK 99501

Visit www.alaskacfc.org for

- to e-pledge
- campaign updates
- participating non-profit information



Become a FAN of Alaska CFC on Facebook!

**The Power of One
The Spirit of Us All**



City/State Code: **02 0130**

CFC Campaign No. **0030**

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

PLEASE USE BALL 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 No.

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 Service?	\$	X 12 months	\$		\$
Civilian Payroll	\$	X 26 pay periods	\$		\$
Check / Cash Amt.: \$ _____ Check Number: _____					\$
(Make check payable to the Alaska CFC)					\$
Date of Contribution: _____					\$

CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

GIFT OPTIONS

I do not want a gift. Aurora Club-\$400 (sports bottle) Eagle Club-\$800 (eagle statue) Summit Club-\$1200 (Todd Salat's limited edition print: "Peak Moment")

IRS Advisory: "The amount of your contribution that is tax deductible is limited to the amount of your donation in excess of the market value of the gift you receive."

RECOGNITION OPTIONS

In order to protect your information and maintain confidentiality, each field below requires two-steps. Your information will NOT be released unless the field is filled in **AND** the box is checked. By completing the line(s) below **AND** checking the box, your name along with the corresponding information will be released to your designated charities.

Release Pledge Amount: _____ **Must Check Box**
(Every designated charity will be notified of your gift amount.)

Home Address: _____ **Must Check Box**

Home E-mail: _____ **Must Check Box**

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2011 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2011 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 _____

COPY #1 - FEDERAL PAYROLL OFFICE



City/State Code: **02 0130**

CFC Campaign No. **0030**

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

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 No.

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 Service?	\$	X 12 months	\$	■■■■■	\$
Civilian Payroll	\$	X 26 pay periods	\$	■■■■■	\$
Check / Cash Amt.: \$ _____ Check Number: _____				■■■■■	\$
(Make check payable to the Alaska CFC)				■■■■■	\$
Date of Contribution: _____				■■■■■	\$
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 charity code(s) and dollar amounts above.	

GIFT OPTIONS
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 Aurora Club-\$400 (sports bottle)
 Eagle Club-\$800 (eagle statue)
 Summit Club-\$1200 (Todd Salat's limited edition print: "Peak Moment")

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Home Address: _____ **Must Check Box**

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Signature _____ Date _____

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COPY #2 - COORDINATOR COPY FOR AK CFC OFFICE



City/State Code: **02 0130**

CFC Campaign No. **0030**

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

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 No.

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 Service?	\$	X 12 months	\$
Civilian Payroll	\$	X 26 pay periods	\$
Check / Cash Amt.: \$ _____ Check Number: _____			
(Make check payable to the Alaska CFC)			
Date of Contribution: _____			

Charity Code	Annual Amount
■■■■■	\$ _____
■■■■■	\$ _____
■■■■■	\$ _____
■■■■■	\$ _____
■■■■■	\$ _____

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Signature _____ Date _____

PLEASE USE BALL POINT PEN & WRITE FIRMLY

COPY #3 - DONOR COPY- KEEP FOR PERSONAL TAX RECORDS

Privacy Act Notice

Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office.

Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court or another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency.

If you are making a one-time, lump-sum gift and, therefore, not using the payroll deduction method of payment, you are not required to furnish your SSN.

Find a Volunteer Opportunity

The USA Freedom Corps Volunteer Network can help you access service opportunities near your home or office, across the country, or overseas. Just go to www.volunteer.gov, enter geographic information, such as zip code or state, and your area of interest to find out how you can get involved.