

2008 Southern Alaska Combined Federal Campaign
701 West 8th Avenue, Suite 230, Anchorage, Alaska 99501 907/263-3818

OPM:
CFC Control No. 0030*



ALASKA CFC

VISIT OUR NEW WEBSITE www.alaskacfc.org
for a complete charity listing with 25 word agency descriptions.

DONOR RECOGNITION

In order to receive your donor gift you must complete this form and turn in to your Coordinator or Keyworker.

Name _____ Phone _____

Federal organization/agency _____

Work Address and zip code _____

I am a new donor.

I gave at least \$1,200. Please provide me with a limited and signed edition of Todd Salat's "Blue Wonder" (market value \$75).

I gave at least \$400.
Please provide me
with a lunch pail.



I gave at least \$800. Please provide me with a
eagle award (market value \$18).



I do not desire a gift.

Note: Gifts must be ordered by December 12, 2008.

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."

PLEASE USE BALL POINT PEN & WRITE FIRMLY



CFC Campaign No. 0030

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

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER										
				<input type="checkbox"/> MILITARY	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				-			-			
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WORK ADDRESS & ZIP CODE					WORK PHONE										
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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 of Service?	\$	X 12 months	\$
CIVILIAN PAYROLL	\$	X 26 pay periods	\$
Other Cash \$ _____ Other Check \$ _____ (make check payable to the Combined Federal Campaign)			

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

RECOGNITION OPTIONS

I authorize the CFC to release only the information I have provided below to the charities I have designated on this pledge form.

Name: _____

Enter Home Address **OR** Home E-Mail: _____

Pledge Amount: (Check the "Yes" box to release the amount of your pledge(s) to your designated charities.) Yes

DESIGNATED GIFT: To designate to one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2009 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2009 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 at any time before it expires.

SIGNATURE _____ DATE _____

See reverse side for information on volunteer opportunities in your community.

COPY #1 - PAYROLL OFFICE

PLEASE USE BALL POINT PEN & WRITE FIRMLY



CFC Campaign No. 0030

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COPY #2 - FOR CENTRAL RECEIPT POINT

PLEASE USE BALL POINT PEN & WRITE FIRMLY



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PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-between;"> ■ ■ ■ - ■ ■ ■ □ □ □ □ </div>
WORK ADDRESS & ZIP CODE					WORK PHONE () ()

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SIGNATURE _____ DATE _____

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COPY #3 - CONTRIBUTOR'S 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.