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PLEASE USE BALLPOINT PEN AND WRITE FIRMLY



U.P.-NORTH MICHIGAN AREA CFC
P.O. Box 451, Sault Ste. Marie, MI 49783 (906)632-3700 ext. 1

CFC Campaign City/State Code: ATTENTION PAYROLL OFFICES:
No. 0466 26 4880 Use this number only to identify the local campaign.

PRINT NAME (LAST) _____ FIRST _____ MIDDLE INITIAL _____
 WORK ADDRESS & ZIP CODE _____
 CHECK (if applicable) Civilian Military
 FEDERAL AGENCY AND OFFICE _____ SOCIAL SECURITY NUMBER/EMPLOYEE ID _____
 WORK PHONE NUMBER _____

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 of Service? _____		X 12 months	\$ _____		
CIVILIAN PAYROLL		X 26 pay periods	\$ _____		
CASH/CHECK Check Number: _____ <i>(make check payable to the Combined Federal Campaign)</i>	Cash/Check Amount: \$ _____				

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

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.

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.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government during 2015 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2015 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 _____

OPM FORM 1054 REV. MAY 2014