

WHO /

Federal employees

WHAT /

Annual opportunity to give and volunteer in support of your favorite causes

WHY /

Local, national, and international charities depend on your generosity

HOW /

Complete this pledge form or donate online at cascadiacfc.org

WHEN /

Fall 2017



Manning Pellanda

U.S. Department of
Health & Human Services

Stephanie Pettway

U.S. Department of Defense

2017 Pledge Form

Cascadia Combined Federal Campaign



Thank you

for participating in the 2017 CFC!

The Combined Federal Campaign (CFC) makes it easy to *Show Some Love* to your favorite causes. Whether you care about veterans services, disaster relief, cancer research, or wildlife preservation, the CFC has a charity for any cause you want to support.

The benefits of the CFC include:

1. You can **give to multiple charities at once** through a program that is federally regulated and fully audited.
2. Payroll deduction allows you to **give a little each pay period**, adding up to a significant gift at the end of the year.
3. Charities love the CFC because it **keeps fundraising costs low**, and the funds are unrestricted. They depend on these funds to have an impact on the communities they serve.
4. The campaign **has a collective impact**, allowing you to join with your co-workers to support those in need locally, nationally, and internationally.
5. New this year, you can **further your impact by volunteering** for the charities of your choice through the CFC.

To give online, pledge at
cascadiacfc.org

Payroll Deductions

Below are some common pledge amounts per pay period:

CIVILIAN

\$50 x 26 = \$1,300

\$25 x 26 = \$650

\$10 x 26 = \$260

MILITARY

\$100 x 12 = \$1,200

\$50 x 12 = \$600

\$10 x 12 = \$120

Pledge Form Submission

Submit your completed paper Pledge Form and payment (if applicable) to your Campaign Manager or mail directly to:
**CFC Processing Center, P.O. BOX 7820
Madison, WI 53707-7820.**

Questions about making your pledge? Contact customer support at 800-797-0098 (toll-free), 608-237-4898 (local/international), or <https://cfcgiving.opm.gov/contact>.



Please fill in with red or black ink
 Online pledges are accepted through 01/12/2018 by
 visiting opm.gov/ShowSomeLoveCFC

All Paper Pledge Forms should be mailed to: CFC Processing
 Center, P.O. BOX 7820 Madison, WI 53707-7820 and must be
 post marked by 01/12/2018

FEDERAL EMPLOYEES ONLY

Primary Email Address		Secondary Email Address																															
First Name		Last Name																															
Your Department		Your Agency		Your Office																													
Donor Type		Work Zip Code																															
<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																															
Home Address		City	State	Zip Code	SSN Required if electing Payroll																												
DESIGNATED PLEDGE: To designate to one or more Charities or Federated groups, fill in the Charity code(s) and dollar amounts below. If you would like to donate to more than 5 Charities, please visit opm.gov/ShowSomeLoveCFC to complete an online donation or attach another copy of this form and label your forms 1 of X; 2 of X. The Total Annual Contribution amount should appear on copy 1 of X.																																	
Allotment Source		Per Deduction Amount	Interval		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">CFC Charity Code</th> <th style="width:25%;">Annual Amount</th> <th style="width:50%;">Volunteer Time</th> </tr> </thead> <tbody> <tr> <td><input style="width:100%;" type="text"/></td> <td>\$ <input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text" value="XX HOURS"/></td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td>\$ <input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text" value="XX HOURS"/></td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td>\$ <input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text" value="XX HOURS"/></td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td>\$ <input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text" value="XX HOURS"/></td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td>\$ <input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text" value="XX HOURS"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL ANNUAL CONTRIBUTION:</td> <td>\$ <input style="width:100%;" type="text"/></td> <td colspan="2" style="text-align: center;">-----</td> </tr> <tr> <td colspan="2" style="text-align: center;">VOLUNTEER HOURS:</td> <td colspan="2" style="text-align: center;">-----</td> <td style="text-align: center;"><input style="width:100%;" type="text" value="HRS"/></td> </tr> </tbody> </table>	CFC Charity Code	Annual Amount	Volunteer Time	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text" value="XX HOURS"/>	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text" value="XX HOURS"/>	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text" value="XX HOURS"/>	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text" value="XX HOURS"/>	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text" value="XX HOURS"/>	TOTAL ANNUAL CONTRIBUTION:		\$ <input style="width:100%;" type="text"/>	-----		VOLUNTEER HOURS:		-----		<input style="width:100%;" type="text" value="HRS"/>
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AUTHORIZATION 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 2018 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.																																	
<input type="checkbox"/> Information Release: By checking this box I authorize the CFC to release my home address, secondary (non-government) e-mail address, and pledge amount to the Charity(ies) designated above.																																	
Signature _____ Date _____																																	
Check Information: Make checks payable to: Combined Federal Campaign (Please attach checks to this Pledge Form)																																	



Online pledges are accepted through
January 12, 2018 by visiting
cascadiacfc.org

All Paper Pledge Forms must be
post marked by **January 12, 2018**

Combined Federal Campaign Privacy Act Statement

Pursuant to 5 U.S. C. 522a(e)(3), this Privacy Act Statement informs you why OPM is requesting information on this form.

AUTHORITY: OPM is authorized to collect the information on this form based upon the authority provided in Executive Order (EO) 12353 (March 23, 1982), as amended by EO 13743 (October 13, 2016), and 5 CFR 950 (January 1, 2017). In addition, Executive Order 9397 (November 22, 1943), as amended by EO 13478 (November 18, 2008), permits us to collect your Social Security Number (SSN).

PURPOSE: The information you provide is primarily collected and used by OPM to accurately receive, process, acknowledge, and account for your donation to the Combined Federal Campaign (CFC); and to make payments to the charitable organizations to which you choose to donate.

ROUTINE USES: The information we collect from you may be disclosed as a "routine use" to your payroll service provider, if you have chosen to make a recurring gift via payroll deduction; or to your credit card company, bank, or other financial institution for a one-time or recurring gift (using the CFC's online option) via credit card, electronic check, or automatic deduction from your financial account. With your authorization, we may also share the information you provide to us with local, national, or international charitable organizations or federations. In addition, we may share your information as a "routine use" with other external entities, such as law enforcement or state and federal tax authorities, when the disclosure is necessary to investigate a violation or potential violation of civil or criminal law. A complete list of routine uses can be found in the system of records notice titled "Central-20 National CFC System of Records."

CONSEQUENCES OF FAILING TO PROVIDE INFORMATION: Providing this information, including your SSN, is voluntary; however, without your signature and all of the information requested, it may not be possible for us to make this gift on your behalf, and we may suspend this pledge. In addition, if you do not provide any of the requested information, we may not be able to process your request for a payroll deduction. 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.

Individuals may pledge online at **cascadiacfc.org** and may contact the CFC Help Desk Monday through Friday from 8 a.m. until 6 p.m. CST at 800-797-0098 (toll-free) or 608-237-4898 (local/international) with questions about the pledge process.