

Super Eagle Giver
 Eagle Giver

**2011 Hawaii-Pacific Area
 Combined Federal Campaign
 P.O. Box 1096 Honolulu, Hawaii 96808**



CFC Campaign number **0225**
ATTENTION PAYROLL OFFICES:
 Only use this number to identify the local campaign.

NFC City/State Code: 15 2400

NAME (LAST)		FIRST	(MIDDLE INITIAL)	<input type="checkbox"/> Civilian <input type="checkbox"/> Military	SSN/EMPLOYEE ID
FEDERAL AGENCY / BRANCH OF MILITARY SERVICE		<input type="checkbox"/> State of Hawaii <input type="checkbox"/> Guam <input type="checkbox"/> Northern Marianas <input type="checkbox"/> American Samoa	DEPT / MILITARY UNIT		WORK PHONE NUMBER

CONTRIBUTION: Indicate the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

✓BOX	MILITARY	TOTAL
	\$ _____ X 12 MONTHS =	\$ _____
	\$35.00 X 12 MONTHS =	\$420.00
	\$25.00 X 12 MONTHS =	\$300.00
	\$15.00 X 12 MONTHS =	\$180.00
	Check/Cash	\$ _____
Date of contribution: _____ Ck No: _____		

PRINT NEATLY
 KEYPERSON ENVELOPE NUMBER

 MAKE CHECK PAYABLE TO:
 COMBINED FEDERAL CAMPAIGN

✓BOX	CIVILIAN	TOTAL
	\$ _____ X 26 PAY PERIODS =	\$ _____
	\$16.00 X 26 PAY PERIODS =	\$416.00
	\$12.00 X 26 PAY PERIODS =	\$312.00
	\$ 7.00 X 26 PAY PERIODS =	\$182.00
	Check/Cash	\$ _____
Date of contribution: _____ Ck No: _____		

DESIGNATED GIFT: To designate to one or more charities or federated groups, fill in the five-digit charity code(s) and dollar amount(s) below. Undesignated gifts are distributed among all organizations in proportion to their pledges.

CHARITY CODE ANNUAL AMOUNT

					—	\$ _____
					—	\$ _____
					—	\$ _____
					—	\$ _____
					—	\$ _____

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 _____
 (Including City, State and Zip) _____

Personal E-mail 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.

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

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2012 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2012 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 _____

PLEASE USE BALLPOINT PEN & WRITE FIRMLY