☐ Super Eagle Giver
☐ Eagle Giver
NFC City/State Code: _____

2010 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.

NAME (LAST)	FIRST)	(MIDDLE INITIAL)	☐ Civilian ☐ Military	SSN/EMPLOYEE ID
FEDERAL AGENCY / BRANCH OF MILITARY SERVICE	☐ State of Hawaii ☐ Guam ☐ Northern Marianas ☐ American Samoa	DEPT / MILITARY UNIT		DUTY PHONE

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.

CHARITY CODE	ANNUAL AMOUNT
	$
	$
	$
	$
	$

RECOGNITION OPTIONS

Box must be checked ☐ **Release Pledge Amount**
(Every designated charity will be notified of your gift amount.)

Box must be checked ☐ Home Address _____

Box must be checked ☐ Home E-mail _____

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 lines AND checking the box, your name along with the corresponding information will be released to your designated charities

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 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_____

OPM Form 1654
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