

2024 Combined Federal Campaign FEDERAL EMPLOYEE PLEDGE FORM

Please use black ink. Sections marked with * are mandatory.

Submit this original Pledge Form to your Keyworker as early as possible to allow time for processing or send to: CFC Processing Center, P.O. Box 7820 Madison, WI 53707-7820. Keep a copy for your records. OPM accepts online pledges through Jan. 15, 2025, at CFCgiving.opm.gov. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge.



Donor Information (required)

1. Primary Email Address (official government) *		2. Donor Type *							
		<input type="radio"/> Civilian <input type="radio"/> Active Duty Military							
3. Name (first name) *		(last name) *							
4. CFC Unit Code (six digits)	5. ZIP Code (or APO/FPO) of Your Office/Unit *	6. Overseas Employee							
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								<input type="checkbox"/> I am located in a foreign country/territory.	
7. Your Department/Branch of Service (no acronyms) *									
8. Your Agency/Command (no acronyms) *									
9. Your Office/Unit (no acronyms) *									

Pledge Information (required)

10. Allotment Source *	11. Amount Per Deduction	12. Total Annual Gift *	13. Charity Designation *																														
<input type="checkbox"/> Payroll SSN (only required if electing payroll) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							\$ _____ Check your payroll frequency: <input type="radio"/> Monthly (x12) <input type="radio"/> Semi-monthly (x24) <input type="radio"/> Bi-weekly (x26)	\$ _____ (Amount per deduction multiplied by the payroll frequency)	If you would like to donate to more than seven charities, visit CFCgiving.opm.gov to complete an online donation or attach another copy of this form with the total annual contribution amount appearing on copy 1 of X.																								
<input type="checkbox"/> Check Make checks payable to "Combined Federal Campaign" and attach to this form.	N/A	\$ _____ Check Amount	<table border="1"> <thead> <tr> <th>CFC Charity Code</th> <th>Annual Amount</th> <th>Volunteer Hours</th> </tr> </thead> <tbody> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr><td> </td><td>\$ _____</td><td>_____</td></tr> <tr> <td>Total Annual Contribution</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	CFC Charity Code	Annual Amount	Volunteer Hours		\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____	_____	Total Annual Contribution	\$ _____	_____
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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 2025 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 I may revoke this authorization 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.																																	
Signature: _____		Date: _____																															

Information Release (optional)

14. By completing the information below, I authorize the CFC to release my name and the following to my designated charity(ies):			
Personal Email Address		Pledge Amount Release	
		<input type="radio"/> Yes <input type="radio"/> No	
Home Address	City	State	ZIP Code

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

GIVE HAPPY

When you GIVE HAPPY, you will need your:

Office ZIP code: _____

CFC unit code: _____



Why Give Through the CFC?

We know there are a lot of giving options out there. You might be wondering, “Why should I give through the CFC?” *Here are three great reasons:*

- 1 Give through Payroll Deduction.**
Gifts from each paycheck have a greater impact over time.
- 2 Give to Multiple Vetted Charities.**
Make all your charitable donations and pledge volunteer hours in one place.
- 3 Give for Greater Impact.**
It adds up to so much happiness when we give together.

Find amazing charities here!

Learn more at GiveCFC.org.



An OPM Initiative

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.

For detailed instructions on completing this form, visit GiveCFC.org/pledgeform.