



2016
Dallas Fort Worth Metroplex
Combined Federal Campaign

The Power of Your Contribution

PAYROLL PLEDGE CALCULATOR

Amount/ Pay Period	12x/Year Total	26x/Year Total
\$5.00	\$60.00	\$130.00
\$10.00	\$120.00	\$260.00
\$20.00	\$240.00	\$520.00
\$25.00	\$300.00	\$650.00
\$40.00	\$480.00	\$1,040.00
\$50.00	\$600.00	\$1,300.00
\$70.00	\$840.00	\$1,820.00
\$90.00	\$1,080.00	\$2,340.00
\$125.00	\$1,500.00	\$3,250.00
\$150.00	\$1,800.00	\$3,900.00

Can't Stop the Feeling, so just Give, Give, Give!

\$20 a month for one year:

- Will provide food for six guide dogs in training
- Offers scholarship assistance for a child to attend a literacy camp

\$40 a month for one year:

- Provides six months of groceries for one homebound AIDS Patient
- Supports training in an environmental career for people with disabilities

\$125 a month for one year:

- Funds three weeks of support to a homeless veteran in the Veterans Services Program
- Ensures intervention services for 80 at-risk women and children faced with domestic violence



All donors receive a CFC Phone Stand, while supplies last.
Contact your campaign coordinator to receive your gift.



DALLAS FORT WORTH METROPLEX CFC

624 Six Flags Drive, Suite 216, Arlington, TX 76011 817-997-4413

www.dfwmetroplexcfc.org

CFC Campaign
No. **0839**

City/State Code: **48 1730**

ATTENTION PAYROLL OFFICES:
Only use this number to identify
the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER/EMPLOYEE ID
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WORK ADDRESS & ZIP CODE	WORK PHONE NUMBER ()
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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
MILITARY PAYROLL Branch of Service? _____		X 12 months	\$
CIVILIAN PAYROLL		X 26 pay periods	\$
CASH/CHECK Check Number: _____ <small>(make check payable to the Combined Federal Campaign)</small>		Cash/Check Amount: _____	\$

CHARITY CODE

ANNUAL 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.

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.

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.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2017 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2017 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 AND WRITE CLEARLY/FIRMLY

COPY #1 - PAYROLL OFFICE



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COPY #2 - TO THE CENTRAL RECEIPT POINT



DALLAS FORT WORTH METROPLEX CFC

624 Six Flags Drive, Suite 216, Arlington, TX 76011 817-997-4413

www.dfwmetroplexcfc.org

CFC Campaign No. **0839**

City/State Code: **48 1730**

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COPY #3 - CONTRIBUTOR'S COPY - KEEP THIS COPY FOR PERSONAL TAX RECORDS

Privacy Act Notice

Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office.

Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court or another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency.

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.