



Greater Tulsa Area Combined Federal Campaign
P.O. Box 1625, Tulsa, OK 74101-1625

OPM
 CFC Control No.

0715

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

PRINT NAME (LAST) _____ (FIRST) _____ (M) _____	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL ORGANIZATION _____	UNIT/DIVISION AND PAYROLL OFFICE NO. _____
WORK ADDRESS & ZIP CODE _____	WORK PHONE _____	SOCIAL SECURITY NUMBER _____	

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.

CONTRIBUTION	AMOUNT	INTERVAL	TOTAL GIFT
MILITARY PAYROLL	\$ _____	x 12 months	\$ _____
CIVILIAN PAYROLL	\$ _____	x 26 pay periods	\$ _____
Other \$ _____ (cash/check/payable to CFC)			

FOUR DIGIT AGENCY 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 GIFTS: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) and annual dollar amounts here.

CHECK ALL THAT APPLY

- DO NOT release any information
- Release my name only to the charities I designated.
- Release my name and contact information to the charities I designated.
 (Provide your home mailing address and/or e-mail address)

NOTE: If all three boxes are checked, no information will be sent.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 starting with the first pay period 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 _____

S.D.G.S. FORMS PRINTING (714) 730-4041 381330-CX

PLEASE USE BALL POINT PEN & WRITE FIRMLY

