FILE: /backup/JOBS.CX/382/382411.cx.g
PRINTED: Thu Aug 19 14:45:29 2004 amgraf@ennis3
CREATED: Thu Aug 19 14:45:17 2004

2004 Greater San Francisco Bay Area Combined Federal Campaign

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The Power of Giving

2004 GREATER SAN FRANCISCO BAY AREA COMBINED FEDERAL CAMPAIGN
221 Main Street, #300, San Francisco, CA 94105

OPM CFC Control No. **0106**

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

PRINT NAME (LAST) (FIRST) (M) ☐ CIVILIAN ☐ 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)

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

FOUR DIGIT AGENCY CODE	*ANNUAL AMOUNT*
	$
	$
	$
	$
	$

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 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 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 June 2004

TO THE CONTRIBUTOR'S PAYROLL OFFICE

COPY #1

PLEASE USE BALL POINT PEN AND WRITE FIRMLY 382411-CX SDGS FORMS - 714-730-4041

Donor Recognition

Note: Donors can only receive one incentive item for their giving level.

- ❑ Eagle Statue (new Eagle Donors only). Statue nameplate will be engraved with name and Eagle Level as you indicate in spaces below.
- ❑ Annual plate (no engraving required).

Name _____ **Command/Organization/Unit** _____

Work Telephone: _____ **Annual Gift:** _____

Email _____

❑ Diamond Eagle Level	$2000.00 and above
❑ New Horizon Level	$1550.00 to $1999.99
❑ Platinum Eagle Level	$1050.00 to $1549.99
❑ Golden Eagle Level	$ 900.00 to $1049.99
❑ Eagle Club Level	$ 800.00 to $899.99

- ❑ Gateway Leadership – 1 hour pay, per pay period (refer to Information Brochure)
- ❑ Leadership – 1 hour pay, per month (refer to Information Brochure)

Every giver will receive the "American Flag Lapel Pin"
All Eagle Donors are invited to attend the Eagle Club Luncheon. (Limited Seating).

- ❑ I DO NOT WISH TO RECEIVE ANY RECOGNITION ITEMS.

EAGLE CLUB LUNCHEON
Thursday, December 9, 2004
12:00 Noon

Register on line at:
www.cfcsfbay.org
by November 24th, 2004

I give permission to publish my name in the 2005 Promotional Materials.
- ❑ Yes
- ❑ No Initial _____