



PLEASE USE BALL POINT PEN &amp; WRITE FIRMLY



Northern New Jersey Combined Federal Campaign  
303 Washington Street, Newark, NJ 07102  
[www.cfcnnj.org](http://www.cfcnnj.org)

CFC Campaign Number 0589

City/State Code: 34 2130

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

Enter Last Name, First Name, and MI		Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Federal Agency and Office	SSN/Employee ID																																					
Work Address & Zip Code			Work Phone 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.																																									
ALLOTMENT SOURCE		AMOUNT	INTERVAL	TOTAL GIFT																																					
<b>MILITARY PAYROLL</b> Branch of Service?		\$	X 12 months	\$																																					
Civilian Payroll		\$	X 26 pay periods	\$																																					
Check / Cash Amt.: \$ _____ Check Number: _____ (make check payable to the Combined Federal Campaign) Date of Contribution: _____																																									
CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.																																									
<p align="center"><b>RECOGNITION OPTIONS</b></p> <p><b>Release Pledge Amount</b> (Every designated charity will be notified of your gift amount.) 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 line(s) below AND checking the box, your name along with the corresponding information will be released to your designated charities.</p> <p>Home Address _____ <input type="checkbox"/> Box must be checked</p> <p>Home E-mail _____ <input type="checkbox"/> Box must be checked</p>			<p align="center">Charity Code</p> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																											<p align="center">Annual Amount</p> <table border="1"> <tr><td>\$</td><td> </td></tr> <tr><td>\$</td><td> </td></tr> <tr><td>\$</td><td> </td></tr> <tr><td>\$</td><td> </td></tr> <tr><td>\$</td><td> </td></tr> </table>		\$		\$		\$		\$		\$	
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DESIGNATED GIFT: To designate to one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.																																									

VOLUNTEER: I would like to be a work place volunteer next year. Please contact me for more information at: \_\_\_\_\_  
See reverse side for information on volunteer opportunities in your community.

**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 \_\_\_\_\_

See reverse side for information on volunteer opportunities in your community.

OPM 1654  
Revised January 2010

COPY #1 - PAYROLL OFFICE



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Enter Last Name, First Name, and MI		Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Federal Agency and Office	
Work Address & Zip Code				

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
<b>MILITARY PAYROLL</b> Branch of Service?	\$	X 12 months	\$
Civilian Payroll	\$	X 26 pay periods	\$

Check / Cash Amt.: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_  
 (make check payable to the Combined Federal Campaign)  
 Date of Contribution: \_\_\_\_\_

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

**RECOGNITION OPTIONS**

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

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 line(s) below AND checking the box, your name along with the corresponding information will be released to your designated charities.

Home Address \_\_\_\_\_  Box must be checked

Home E-mail \_\_\_\_\_  Box must be checked

VOLUNTEER: I would like to be a work place volunteer next year. Please contact me for more information at: \_\_\_\_\_  
 See reverse side for information on volunteer opportunities in your community.

Charity Code	Annual Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

DESIGNATED GIFT: To designate to one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.

**PAYROLL DEDUCTION AUTHORIZATION**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

See reverse side for information on volunteer opportunities in your community.

COPY #2 - FOR CENTRAL RECEIPT POINT



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Northern New Jersey Combined Federal Campaign  
303 Washington Street, Newark, NJ 07102  
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CFC Campaign Number **0589**  
City/State Code: **34 2130**

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

Enter Last Name, First Name, and MI		Check (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	Federal Agency and Office	
Work Address & Zip Code			Work Phone 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.

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT
<b>MILITARY PAYROLL</b> Branch of Service?	\$	X 12 months	\$
Civilian Payroll	\$	X 26 pay periods	\$

Check / Cash Amt.: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_  
(make check payable to the Combined Federal Campaign)  
Date of Contribution: \_\_\_\_\_

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**RECOGNITION OPTIONS**

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

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 line(s) below AND checking the box, your name along with the corresponding information will be released to your designated charities.

Home Address \_\_\_\_\_  Box must be checked

Home E-mail \_\_\_\_\_  Box must be checked

VOLUNTEER: I would like to be a work place volunteer next year. Please contact me for more information at: \_\_\_\_\_  
See reverse side for information on volunteer opportunities in your community.

Charity Code	Annual Amount
	\$
	\$
	\$
	\$
	\$

DESIGNATED GIFT: To designate to one or more charities or federated groups, fill in the charity code(s) and dollar amounts above.

**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 \_\_\_\_\_

See reverse side for information on volunteer opportunities in your community.

COPY #3 - CONTRIBUTOR'S COPY - KEEP 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.

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### **Find a Volunteer Opportunity**

The USA Freedom Corps Volunteer Network can help you access service opportunities near your home or office, across the country, or overseas. Just go to [www.volunteer.gov](http://www.volunteer.gov), enter geographic information, such as zip code or state, and your area of interest to find out how you can get involved.