

# 2008 Heartland Combined Federal Campaign

1500 E. Bannister Rd., Rm. 1160, (816) 823-2010  
 Kansas City, MO 64131 [www.heartlandcfc.org](http://www.heartlandcfc.org)

CFC Campaign No. **0524**

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

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL AGENCY AND OFFICE	SSN / EMPLOYEE ID
WORK ADDRESS & ZIP CODE				WORK PHONE	

**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	CHARITY CODE	ANNUAL AMOUNT
<b>MILITARY PAYROLL</b> Branch of Service?		X 12 months	\$		
<b>CIVILIAN PAYROLL</b>		X 26 pay periods	\$		
Other Cash \$ _____		Other Check \$ _____ (make check payable to the Combined Federal Campaign)			

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.

**RECOGNITION OPTIONS**

I authorize the CFC to release only the information I have provided below to the charities I have designated on this pledge form.

Name: \_\_\_\_\_

Home Address or E-Mail: \_\_\_\_\_

Pledge Amount: (Check the "Yes" box to release only the amount of your pledge(s) to your designated charities.) Yes

**PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize any agency of the United States Government by which I may be employed during 2009 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2009 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.

I qualify for: \_\_\_\_\_ Pillar Club \_\_\_\_\_ Commanders Club \_\_\_\_\_ Eagle Club  
 \_\_\_\_\_ Sign me up for the Eaglet Club \_\_\_\_\_ I Do Not Desire Any Recognition Item

PLEASE USE BALL POINT PEN & WRITE FIRMLY

CREATIVE DATA PRODUCTS 800-951-7234 33158432

COPY #1 - PAYROLL OFFICE


OPM 1654  
 Rev. April 2008

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COPY #2 - TO THE CENTRAL RECEIPT POINT

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COPY #3 - CONTRIBUTOR - KEEP FOR PERSONAL TAX RECORDS