Combined Fund Drive Contribution Form

Note: Any recurring payroll pledges made via this form will supersede any existing recurring payroll donations, i.e. $5 will not be added to an existing donation, but will replace the existing donation amount.

CFD Website: http://hr.dop.wa.gov/cfd - Telephone Number: (360) 664-1995 - E-mail: cfd@dop.wa.gov
Mailing Address: PO Box 47500 Olympia, WA 98504-7500

EMPLOYEE INFORMATION

Please print clearly – incomplete or illegible forms may be returned as they are difficult to process

PRINT LAST NAME	PRINT FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #

PHONE #	E-MAIL	MAIL STOP

COUNTY OF WORK CODE (See back of form)	AGENCY CODE (See back of form)	SUB-AGENCY CODE (See your Campaign Leader for the appropriate code)

PLEDGE 1

Consult your charity guide and choose from any of the listed organizations. Choose only one payment method for this pledge.

CHARITY CODE (from guide)	CHARITY NAME		
PAYMENT METHOD (check one) ☐ Payroll (Monthly x 12) ☐ Payroll (One-Time) ☐ Personal Check		AMOUNT (monthly or one-time) $	TOTAL AMOUNT (if monthly) $

PLEDGE 2

Consult your charity guide and choose from any of the listed organizations. Choose only one payment method for this pledge.

CHARITY CODE (from guide)	CHARITY NAME		
PAYMENT METHOD (check one) ☐ Payroll (Monthly x 12) ☐ Payroll (One-Time) ☐ Personal Check		AMOUNT (monthly or one-time) $	TOTAL AMOUNT (if monthly) $

PLEDGE 3

Consult your charity guide and choose from any of the listed organizations. Choose only one payment method for this pledge.

CHARITY CODE (from guide)	CHARITY NAME		
PAYMENT METHOD (check one) ☐ Payroll (Monthly x 12) ☐ Payroll (One-Time) ☐ Personal Check		AMOUNT (monthly or one-time) $	TOTAL AMOUNT (if monthly) $

PLEDGE 4 or Write-In Pledge

If the charity you wish to give to is not listed in the charity guide, please fill out the information below. Choose only one payment method for this pledge.

CHARITY CODE (from guide)	CHARITY NAME		
PAYMENT METHOD (check one) ☐ Payroll (Monthly x 12) ☐ Payroll (One-Time) ☐ Personal Check		AMOUNT (monthly or one-time) $	TOTAL AMOUNT (if monthly) $

Write-In Charity

CHARITY NAME			EIN #
CHARITY ADDRESS	CITY	STATE	ZIP
CHARITY CONTACT NAME	CHARITY CONTACT EMAIL		
CHARITY PHONE #	CHARITY FAX #		
CHARITY EMAIL	CHARITY WEBSITE (optional)		

PAYMENT: Review the information about your selected payment method.

Payroll

$2.00 Minimum Donation Required
One-time Contribution: Deduction will be made in the new calendar year
Monthly Payroll Donation: Deductions will occur beginning in the new calendar year

Personal Check

Make check payable to: "Combined Fund Drive".
Write your Agency Code on the memo line. Check will be divided among the charities as indicated above.
Or make separate checks payable to each charity receiving your contribution.
Note: checks must be stapled to this form.

EMPLOYEE AUTHORIZATION

My monthly payroll deduction will continue automatically unless changed by completing a new Contribution Form, or canceled by submitting written notice to the CFD office.
In signing this form, I acknowledge that any contributions I have made in the past will be replaced with those designated above.

I hereby authorize the State of Washington to deduct the amount indicated from my pay provided that the amount deducted will be remitted on a regular basis in support of the charities of the Washington State Combined Fund Drive as specified above.

SIGNATURE (required to process your gift) DATE (mm/dd/yyyy)

X

I authorize the release of the following information to my designated charities:

☐ I wish to remain anonymous ☐ Send my name and email only

Thank you for your participation!

Please give this form to you local Campaign Coordinator to be sent to the Combined Fund Drive at: PO Box 47500, Olympia, WA 98504-7500.
Please make a copy for your records.

☐ I do not wish to contribute.