



INLAND NORTHWEST CFC

920 North Washington St., Suite 100, Spokane, WA 99201-2229 www.inwfc.org

CFC Campaign No. **0924** City/State Code: **53 2110** ATTENTION PAYROLL OFFICES: Use this number only to identify the local campaign.

PLEASE USE BALLPOINT PEN AND WRITE FIRMLY

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	CHECK (if applicable) <input type="checkbox"/> Civilian <input type="checkbox"/> Military	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER/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	CHARITY CODE	ANNUAL AMOUNT
MILITARY PAYROLL Branch of Service?		X 12 months	\$		
CIVILIAN PAYROLL		X 26 pay periods	\$		
CASH/CHECK Check Number: <small>(make check payable to the Combined Federal Campaign)</small>		Cash/Check 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 GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.	
INFORMATION RELEASE (OPTIONAL) Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email. Home Address _____ Personal Email Address _____ <input type="checkbox"/> In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.				PAYROLL DEDUCTION AUTHORIZATION I hereby authorize any agency of the United States Government by which I may be employed during 2016 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2016 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 _____	

COPY #1 - PAYROLL OFFICE

OPM FORM 1854 REV. MAY 2015



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COPY #2 - TO THE CENTRAL RECEIPT POINT

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COPY #3 - CONTRIBUTOR - KEEP FOR PERSONAL TAX RECORDS

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