



Contribution Form

Thank you for giving to your favorite charity through the CFD. Go paperless...give online at www.cfd.wa.gov. Your current monthly payroll deduction(s) will roll over into the new year unless changed. New/updated payroll deductions and cancellations will start on the first pay period of the new year if this form is received during the campaign period (Sept. - Dec.). Otherwise, new/updated payroll deductions and cancellations will be processed at the first possible pay period. Checks will be processed immediately regardless of when this form is submitted. **Please sign and return this form to your workplace CFD volunteer for processing.**

This contribution form will override your existing donations.

Please completely fill in the information below. (Clearly Print)

New Donor
 Change My Current Donation(s)
 Add To My Current Donation(s)
 Cancel My Donation(s)

Name (Last, First, MI) _____ Employee ID # _____

Agency/Campus _____ Agency/Campus Code _____ County of Work _____

Email _____ Work Phone _____

Fill in your donation information. Please make donations by check payable to the **Combined Fund Drive**.

| Charity Name | Charity Code | Monthly Payroll Donation | One-time Payroll Donation | Donation by Check |
|------------------------|--------------|--------------------------|---------------------------|-------------------|
| CFD Non-Specified Fund | 316854 | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |

You can invite a charity to become a member of the CFD if it is not found in our printed or online guides. You can donate to this charity after they fill out an application and are accepted as a member of the CFD. Please allow at least one month for this process to occur.

| | | | | |
|--------------|-------|-----------------|---------|-----|
| Charity Name | | EIN or Tax ID # | | |
| Address | | City | State | Zip |
| Phone | Email | | Website | |

Please Sign and Date - Thank You for Making a World of Difference!

X _____ date _____
(your signature is required to process donation)

I wish to donate anonymously

By signing this form I understand that once started, my monthly payroll deduction will continue automatically unless changed by either completing a new Contribution Form, updating my donation account online at www.cfd.wa.gov, cancelled by checking the cancel box or by written notice to the CFD office. In signing this form I acknowledge that my donation(s) will be updated per the guidelines and information provided 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.