Combined Fund Drive Contribution Form

WASHINGTON STATE COMBINED FUND DRIVE

Note: To continue a recurring payroll pledge in 2006 without change, no form is required. If you would like to discontinue your contributions at the end of the year, please check the 'I do not wish to contribute' box on the bottom of this form. Any new recurring payroll pledge(s) entered on this form will replace current contributions as of 1/1/2006.

CFD Website: www.cfd.wa.gov - Phone #: (360) 664-1995 - E-mail: cfd@dop.wa.gov Mail To: PO Box 47500 Olympia, WA 98504-7500

EMPLOYEE INFORMATION **Please print clearly – incomplete or illegible forms may be returned.**

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) ☐ Payroll (One-Time) ☐ Personal Check (One-Time)

AMOUNT (monthly amount or one-time amount) $ _____

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) ☐ Payroll (One-Time) ☐ Personal Check (One-Time)

AMOUNT (monthly amount or one-time amount) $ _____

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) ☐ Payroll (One-Time) ☐ Personal Check (One-Time)

AMOUNT (monthly amount or one-time amount) $ _____

PLEDGE 4 or Write-In Pledge

Use for either a 4th pledge or a write-in charity pledge. Choose only one payment method for this pledge.

CHARITY CODE (from guide)	CHARITY NAME (If the charity you wish to give to is not listed in the charity guide, please fill out the write-in charity info below.)

PAYMENT METHOD (check one)
☐ Payroll (Monthly) ☐ Payroll (One-Time) ☐ Personal Check (One-Time)

AMOUNT (monthly amount or one-time amount) $ _____

Write-In Charity - If the charity you wish to give to is not listed in the charity guide, please fill out the info below.

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

One-time Contribution: Contribution will be made in the new calendar year.
Monthly Payroll Donation: Contributions will occur beginning in the new calendar year.
$2.00 minimum donation required.

Personal Check

Make check payable to: "Combined Fund Drive".
Write your Charity 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

I understand that once started, my monthly payroll contribution will continue automatically unless changed by completing a new Contribution Form or cancelled by submitting written notice to the CFD office. I further acknowledge that any contributions I have made in the past will be replaced as of January 1, 2006 with those designated above.

I hereby authorize the State of Washington to deduct the amount indicated on this form from my pay provided that the amount contributed 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

Your name and email will be sent to your designated charity unless otherwise specified in the check box below:

☐ I wish to remain anonymous

Thank you for your participation!

Please give this form to your 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.