



YOUR GIFT THEIR FUTURE

Why give through the CFC?

- We create a more hopeful tomorrow in our communities when we give together.
- And now, more than ever, charities are counting on these donations. You can even donate to multiple, vetted charities with one pledge.
- The ease of giving via payroll deduction, our most popular method, allows you to spread your gift over the course of the year. Even \$5 per paycheck makes a difference.

**Imagine the future
you can create
when you give
through the CFC!**





2025 Combined Federal Campaign — FEDERAL EMPLOYEE PLEDGE FORM

Use this worksheet in preparation to make your online pledge by Jan 15, 2026 at CFCgiving.opm.gov. Alternatively, you can mail this completed form to: CFC Processing Center, P.O. Box 7820 Madison, WI 53707-7820. Keep a copy for your records. Contact the CFC Help Desk at 800-797-0098 (toll-free) or 608-237-4898 (Mon-Fri from 8 am - 6 pm Central Time) with questions about the pledge process.

GIVE ONLINE: Once you set up your account and profile, the CFC's online giving system allows you to easily renew your pledge each year and offers the full range of pledge options. Scan the QR code to set up or login to your account to get started.



Donor Information (required) Please use black ink. Sections marked with * are mandatory.

1. Primary Email Address (official government) *		2. Donor Type *	
		<input type="radio"/> Civilian <input type="radio"/> Active Duty Military	
3. Name (first name) *		(last name) *	
4. CFC Unit Code (six digits)		5. ZIP Code (or APO/FPO) of Your Office/Unit *	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		<input type="text"/>	
		<input type="checkbox"/> I am located in a foreign country/territory.	
7. Your Department/Branch of Service (no acronyms) *			
8. Your Agency/Command (no acronyms) *			
9. Your Office/Unit (no acronyms) *			

Pledge Information (required)

10. Allotment Source *		11. Amount Per Deduction	12. Total Annual Gift *	13. Charity Designation *
<input type="checkbox"/> Payroll SSN (only required if electing payroll) <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		\$ _____ Check your payroll frequency: <input type="radio"/> Monthly (x12) <input type="radio"/> Semi-monthly (x24) <input type="radio"/> Bi-weekly (x26)	\$ _____ (Amount per deduction multiplied by the payroll frequency)	If you would like to donate to more than seven charities, visit CFCgiving.opm.gov to complete an online donation or attach another copy of this form with the total annual contribution amount appearing on copy 1 of X.
<input type="checkbox"/> Check Make checks payable to "Combined Federal Campaign" and attach to this form.		N/A	\$ _____ Check Amount	CFC Charity Code Annual Amount Volunteer Hours <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \$ _____ _____ Total Annual Contribution \$ _____
Authorization * If I chose payroll deduction as my payment source, I hereby authorize any agency of the United States Government by which I may be employed during 2026 to deduct the amount(s) shown above from my pay each pay period. My deductions will be in effect for one full year starting with the first pay period after January 15 and ending with the last pay period that includes January 15 of the following year. I authorize my payroll service provider to pay the amounts shown to the Combined Federal Campaign. I understand that I may revoke this authorization in writing at any time before it expires. I also acknowledge that I have the right to receive a notification if the amount(s) scheduled to be transferred differ(s) from the amount(s) displayed above. If I chose check, I hereby authorize Give Back Foundation on behalf of the Combined Federal Campaign to process my paper check as an electronic funds transfer (EFT) for the payment amount elected.				
Signature: _____		Date: _____		

Information Release (optional)

14. By completing the information below, I authorize the CFC to release my name and the following to my designated charity(ies):			
Personal Email Address		Pledge Amount Release	
		<input type="radio"/> Yes <input type="radio"/> No	
Home Address	City	State	ZIP Code

Review the CFC's Privacy Policy at givecfc.org/privacy and learn more about how to complete this form at givecfc.org/pledgeform.
 CFC organizations do not provide goods or services in whole or partial consideration for any contributions made via this pledge.