



# 2020 Combined Federal Campaign

## Annuitant Pledge Form

Department of State



## Thank you for participating in the 2020 CFC!

The Combined Federal Campaign (**CFC**) makes it easy to support your favorite causes. The CFC has a charity for any cause you want to support.

You will find enclosed the Department of State CFC Annuitant Pledge Form. Please fill out this form and return back to the CFC Processing Center. There are several options for returning the form to the CFC Processing Center. Please select the method that works best for you from the list below. **All forms *Must be returned No Later Than January 11, 2021.***

**WHO:** Annuitant, Survivor, Former Spouse

**WHAT:** Annual opportunity to give in support of your favorite causes

**WHY:** Local, national and international charities depend on your generosity

**HOW:** Complete the pledge form and return to one of the locations listed under Return Form below

**WHEN:** Now through January 11, 2021

## Instructions For Filling Out DoS CFC Annuitant Pledge Form

- 1) Fill out form by entering requested data
- 2) Select charity, charity code and monthly contribution amount. Please visit <https://cfcgiving.opm.gov/offerings> for a full list of eligible charities.
- 3) Calculate sections 1-4 (if applicable)
- 4) Sign under Authorization (signature required for annuity deduction only)
- 5) Return Form To:

### Monthly Annuity Deduction

CFC Processing Center  
P.O. BOX 7820  
Madison, WI  
53707-7820

### 1X Check or Money Order

CFC Processing Center  
P.O. BOX 7820  
Madison, WI  
53707-7820

For questions regarding CFC contributions contact [cfc@state.gov](mailto:cfc@state.gov). For questions regarding payroll deductions please contact [payhelp@state.gov](mailto:payhelp@state.gov)

**"Giving is not just about making a donation. It's about making a difference."**



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## Annuitant Pledge Form

### Department of State



All paper pledge forms should be submitted to the CFC Processing Center at P.O. Box 7820 Madison, WI 53707-7820 no later than January 11, 2021 to allow time for processing. Keep a copy of this form before submitting. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge. Please fill in with black ink. Sections marked with \* are mandatory. For questions regarding CFC charities and contributions, please contact [cfc@state.gov](mailto:cfc@state.gov). For questions regarding payroll deductions please contact [payhelp@state.gov](mailto:payhelp@state.gov). \*\*\*Please note that refunds are not available if you choose to cancel donations during the deduction period.\*\*\*

#### Donor Information

|                          |   |                         |                          |
|--------------------------|---|-------------------------|--------------------------|
| Primary Email Address *  |   | Secondary Email Address |                          |
|                          |   |                         |                          |
| First Name *             |   | Last Name *             |                          |
|                          |   |                         |                          |
| Home Address *           | City *  | State *                 | Zip Code *               |
|                          |   |                         |                          |
| Social Security Number * | Contribution Type *   |                         | Primary Contact Number * |
|                          | <input type="checkbox"/> Annuity Deduction <input type="checkbox"/> Check <input type="checkbox"/> Cancel Donations |                         |                          |

| 1. Monthly Deduction  | 2. Total Gift  | 3. Additional Contributions  | 4. Charity Designation   |                  |                      |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |  |                         |
|---|--|--|--|------------------|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|--|-------------------------|
| \$ _____  | \$ _____<br><i>(multiply amount per deduction by 12 to determine your total annual gift)</i> | <i>(to select more than five charities check this box and use an additional form with new charity code/s and amount/s)</i> | Identify your selected charities by entering their corresponding five-digit code along with the total dollar amount you want each charity to receive. Please visit <a href="https://cfcgiving.opm.gov/offerings">https://cfcgiving.opm.gov/offerings</a> for a detailed list of eligible charities. The monthly deduction in Section 1 must match the total monthly contribution below. <b>If you wish to select more than five charities, please copy the original form and include additional charity contributions.</b>   |                  |                      |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |  |                         |
| Authorization (Annuity Deduction Only)<br><br>I choose annuity deduction as my payment source. I hereby authorize Department of State Payroll during 2021 to deduct the amount(s) shown in Section 1 above from my annuity pay on a monthly basis. 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 Department of State to pay CFC the total monthly contribution outlined in Section 1 and Section 4 of this form. I understand that this authorization may be revoked by me 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 choose to cancel my monthly contributions, I will update the contribution type by checking the cancel donations box and submit an updated copy of this form to the CFC Processing Center at P.O. Box 7820 Madison, WI 53707-7820.<br>SIGNATURE _____ DATE _____ |  |  | <table border="1"> <thead> <tr> <th>CFC Charity Code</th> <th>1X OR Monthly Amount</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td>\$ <input type="text"/></td> </tr> <tr> <td><b>TOTAL 1X OR MONTHLY CONTRIBUTION:</b></td> <td>\$ <input type="text"/></td> </tr> </tbody> </table> | CFC Charity Code | 1X OR Monthly Amount | <input type="text"/> | \$ <input type="text"/> | <b>TOTAL 1X OR MONTHLY CONTRIBUTION:</b> | \$ <input type="text"/> |
| CFC Charity Code  | 1X OR Monthly Amount   |  |  |                  |                      |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |  |                         |
| <input type="text"/>  | \$ <input type="text"/>  |  |  |                  |                      |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |  |                         |
| <input type="text"/>  | \$ <input type="text"/>  |  |  |                  |                      |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |  |                         |
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| <b>TOTAL 1X OR MONTHLY CONTRIBUTION:</b>  | \$ <input type="text"/>  |  |  |                  |                      |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |                      |                         |  |                         |

### Combined Federal Campaign Privacy Act Statement

Pursuant to 5 U.S. C. 522a(e)(3), this Privacy Act Statement informs you why DoS, under regulatory guidance of OPM, is requesting information on this form.

#### AUTHORITY:

DoS is authorized to collect the information on this form based upon OPM governance and the authority provided in Executive Order (EO) 12353 (March 23, 1982), as amended by EO 13743 (October 13, 2016), and 5 CFR 950 (January 1, 2017). In addition, Executive Order 9397 (November 22, 1943), as amended by EO 13478 (November 18, 2008), permits us to collect your Social Security Number (SSN).

#### PURPOSE:

The information you provide is primarily collected and used by DoS to accurately receive, process, acknowledge, and account for your donation to the Combined Federal Campaign (CFC); and to make payments to the charitable organizations to which you choose to donate. All donations to the CFC are anonymous.

#### ROUTINE USES:

The information we collect from you may be disclosed as a "routine use" to your payroll service provider, if you have chosen to make a recurring gift via payroll deduction.

#### CONSEQUENCES OF FAILING TO PROVIDE INFORMATION:

Providing this information, including your SSN, is voluntary; however, without your signature and all of the information requested, it may not be possible for us to make this gift on your behalf, and we may suspend this pledge. In addition, if you do not provide any of the requested information, we may not be able to process your request for a payroll deduction.