

# 2019 Combined Federal Campaign FEDERAL RETIREE PLEDGE FORM

OPM Form 1645-B

Please use black ink. Sections marked with \* are mandatory.

Online pledges are accepted through Jan. 12, 2020, by visiting [opm.gov/ShowSomeLoveCFC](http://opm.gov/ShowSomeLoveCFC). Keep a copy of this form before sending it to: CFC Processing Center, P.O. Box 7820 Madison, WI 53707-7820. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge.



## Donor Information ( required )

Primary Email Address *	Secondary Email Address
First Name *	Last Name *
Retiree Type - Pay Service (required for annuity deduction)	Home Zip Code or APO *
<input type="checkbox"/> Military - DFAS <input type="checkbox"/> Civilian - OPM <input type="checkbox"/> Judiciary	

## Pledge Information ( required )

Allotment Source *	Amount Per Deduction	Total Annual Gift	Charity Designation *																
<input type="checkbox"/> Annuity SSN (only required if electing) -                  -	\$ _____ <input type="checkbox"/> Monthly (x12)	\$ _____ <i>(multiply amount per deduction by the frequency to determine your total annual gift)</i>	You must select one or more 2019 CFC-approved charities or federated groups to receive your donation. Confirm each charity's five-digit code in the online charity search or charity listing and enter it along with the total dollar amount you want each charity to receive below. The total annual gift from the left must match the total pledged to charities below.  If you would like to donate to more than five charities, please visit <a href="http://opm.gov/ShowSomeLoveCFC">opm.gov/ShowSomeLoveCFC</a> to complete an online donation or attach another copy of this form with the total annual contribution amount should 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																	
<b>Authorization *</b>  If I chose annuity deduction as my payment source, I hereby authorize any agency of the United States government from which I may be retired during 2020 to deduct the amount(s) shown above from my annuity each payment period during the calendar year. These deductions will start with the first annuity payment period following Jan. 15, 2020 and ending with the last allotment period that includes Jan. 15 of the following year. I authorize the government to pay the amounts deducted to the Combined Federal Campaign. 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 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.			<table border="0"> <thead> <tr> <th>CFC Charity Code</th> <th>Annual Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td><b>Total Annual Contribution</b></td> <td><b>\$ _____</b></td> </tr> </tbody> </table>	CFC Charity Code	Annual Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	<b>Total Annual Contribution</b>	<b>\$ _____</b>
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<b>Total Annual Contribution</b>	<b>\$ _____</b>																		
Signature: _____ Date: _____																			

## Information Release ( optional )

By checking each box below, I authorize the CFC to release my name and the following to my designated charity(ies):

My pledge amount  
 My home address (if opting to release your information, please provide your home address below.)  
 My email address (from above)

Home Address

City	State	Zip Code

Individuals may pledge online at [opm.gov/ShowSomeLoveCFC](http://opm.gov/ShowSomeLoveCFC) and may contact the CFC Help Desk Monday through Friday from 8 a.m. until 6 p.m. Central Time at 800-797-0098 (toll-free) or 608-237-4898 (local/international) with questions about the pledge process.

The OMB Control Number is: 3206-0271.

# Combined Federal Campaign Privacy Act Statement

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

**AUTHORITY:** OPM is authorized to collect the information on this form based upon 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 OPM 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.

**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; or to your credit card company, bank, or other financial institution for a one-time or recurring gift (using the CFC's online option) via credit card, electronic check, or automatic deduction from your financial account. With your authorization, we may also share the information you provide to us with local, national, or international charitable organizations or federations. In addition, we may share your information as a "routine use" with other external entities, such as law enforcement or state and federal tax authorities, when the disclosure is necessary to investigate a violation or potential violation of civil or criminal law. A complete list of routine uses can be found in the system of records notice titled "Central-20 National CFC System of Records."

**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 an annuity deduction. If you are making a one-time, lump-sum gift and, therefore, not using the annuity deduction method of payment, you are not required to furnish your SSN.

**PUBLIC BURDEN STATEMENT:** We think providing this information takes an average of 30 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed information collection title. Send comments regarding our estimate or any other aspect of the information collection, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), OPM Forms Officer (3206-0271), Washington, D.C. 20415-7900. The OMB number 3206-0271 is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.