

**FALL 2005**  
**SOUTHERN MISSISSIPPI CFC**  
 9524 Creosote Rd., Gulfport, MS 39505

OPM 0500  
 CFC Control number

**ATTENTION PAYROLL OFFICES:**  
 This number identifies the local CFC. **DO NOT** enter into Federal payroll systems

**PLEASE PRINT OR TYPE**

**PRESS FIRMLY**, you are making 3 copies

<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>LAST NAME</b>	<input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	<b>FEDERAL ORGANIZATION</b>	<b>UNIT/DIVISION AND PAYROLL OFFICE NO. (OPTIONAL)</b>
<b>WORK ADDRESS &amp; ZIP CODE</b>				<b>WORK PHONE</b>	

**ALLOTMENT: MILITARY PERSONNEL** indicate an amount (not less than \$2.00 per month) to be withheld monthly.  
**CIVILIAN PERSONNEL** indicate an amount (not less than \$1.50 per pay period) to be withheld from pay every two weeks (26 pay periods).

ALLOTMENT	AMOUNT	INTERVAL	TOTAL GIFT	FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
<b>MILITARY PAYROLL</b> \$2.00 MINIMUM	\$	X 12 months	\$		
<b>CIVILIAN PAYROLL</b> \$1.50 MINIMUM	\$	X 26 pay periods	\$		
<b>ONE TIME Cash or Check donation (payable to CFC)</b>			\$		

Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write the total amount of your annual contribution in the space provided. **DESIGNATED GIFTS:** To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts. You may designate **ONLY** to charities or federated groups listed in this year's Southern Mississippi Contributor's Guide.

<p style="text-align: center;"><b>RECOGNITION OPTIONS</b></p> <p><i>Check ONE Box: If both boxes are checked, no information will be released.</i></p> <p><input type="checkbox"/> DO NOT release any information to charities.</p> <p><input type="checkbox"/> Release my name and the (optional) home address and / or home e-mail contact information. I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>PAYROLL DEDUCTION AUTHORIZATION</b></p> <p>I hereby authorize any agency of the U.S. Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each period during the calendar year 2006 starting with the first pay period in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above.</p> <p>I understand that this authorization may be revoked by me in writing at any time before it expires.</p> <p>Social Security Number _____</p> <p style="text-align: right;">Date _____</p> <p style="text-align: center;">Signature _____</p>
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**VOLUNTEER:** I would like to be a workplace CFC volunteer next year. Please contact me for more information at: \_\_\_\_\_

### **Privacy Act Notice**

Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office.

Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court or another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency.

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