## **2020 Combined Federal Campaign** U.S. POSTAL SERVICE PLEDGE FORM

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





□ No

ZIP Code

☐ Yes

State

Donor	Inform	ation	(ren	uired)
DOILOI		ation	1164	uncu

Home Address

Donor Information ( <i>required</i> )										
1. Primary Email Address *(official government)						2. Donor Type *				
						□ Civilian				
3. Name * (first name)				* (last name)						
4. CFC Unit Code (six digits)	5. ZIP Code of Your Office/Facility/Station *			•	6. Overseas Employees					
				☐ I am located in a foreign country/territory.						
7. Your Department										
United States Postal Service										
8. Your Agency * (USPS Area/District/Head	dquarters	) (no acronyms)								
9. Your Office * (USPS Facility/Station/Offi	ce/HQ VP	Team) (no acronyn	ns)							
-		-								
Pledge Information (required)										
10. Allotment Source *	11. Amo Dedu		2. T	otal Annual Gift *	13. Charity Designation *					
□ Payroll	\$		\$		CFC Charity		Annual	Volunteer		
USPS Assigned EIN (only required if electing payroll)	Check your payroll frequency: (au			tomatically calculated		Code	Amount	Hours		
	_ 5.			d on the amount per action multiplied by 26)			\$			
	∐ Bi-we	ekly (x26)					\$			
□ Check		\$	;				d.			
Make checks payable to "Combined	N/A			: Amount			\$			
Federal Campaign" and attach to this form.							\$			
Authorization *							\$			
If I chose payroll deduction as my payment sour Government by which I may be employed durin	g 2021 to d	educt the amount(s) sh	how	n above from my pay			\$			
each pay period. My deductions will be in effect January 15 and ending with the last pay period t							Ψ			
payroll service provider to pay the amounts sho may revoke this authorization in writing at any t	wn to the C	Combined Federal Cam	npaig	n. I understand that I			\$			
to receive a notification if the amount(s) schedul above. If I chose check, I hereby authorize Give I	led to be tr	ansferred differ(s) fron	n the	amount(s) displayed						
Campaign to process my paper check as an elec						al Annual tribution	\$			
Signature: Date:						ti ibution				
nformation Polonce (antique)										
nformation Release (optional)	, the e wi !	o CEC to wal		a and the fell-udget		to all also with 20	۵)،			
14. By completing the information below, I at Personal Email Address	utriorize th	e CFC to release my i	ııam	e and the following to r	, ,	ledge Amoun	•			

Individuals may pledge online at 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.

City

## **Instructions for Properly Completing Form 1654-A**

- 1. **Primary Email Address:** This is your work email address.
- 2. **Donor Type:** The Civilian box is auto-checked.
- 3. Name: Print your legal names legibly here.
- 4. CFC Unit Code: While not required, entering your facility, station, office or HQ ELT team's 6-character code [example: (CFC:1A2B3C)] will expedite pledge processing. If you do not know this code, ask your CFC Keyworker.
- 5. ZIP Code of Your Office/Facility/Station: Enter the ZIP code of the location where you currently work. This is not your home ZIP code.
- 6. Overseas Employees: If you are stationed or are working overseas, please check this box.
- 7. Your Department: Keep the department as United States Postal Service.
- 8. Your Agency: Enter your area name, district name, or if HQ or HQ domicile, enter headquarters here. Try to avoid acronyms.
- 9. Your Office: Enter your USPS facility, station, office, or HQ ELT team name here.
- 10. Allotment Source: Check the box either for payroll deduction or check. Payroll deduction pledges ONLY: Provide your USPS-assigned EIN.
- 11. Amount Per Deduction: For payroll deduction, enter your amount pledged per pay period and select the frequency of your pay periods.
- 12. Total Annual Gift: For payroll deduction, multiply the amount pledged per pay period by the frequency of your pay periods. For check, enter the check amount.
- 13. Charity Designation: You must select one or more of the 2020 CFC-approved charities or federated groups to receive your monetary and volunteer pledge. Confirm each charity's five-digit code and whether they accept volunteer hours in the online charity search or charity listing. Identify your selected charities by entering their corresponding five-digit code along with the total dollar amount you want each charity to receive. The total annual gift from the left must match the total pledged to charities on the right. If you would like to donate to more than seven charities, please pledge online or use multiple paper pledge forms with the total annual contribution amount appearing on copy 1 of X.
- 14. Information Release: Enter the information you want released to the charities you selected. If you prefer to remain an anonymous donor, leave this section blank. NOTE: If you pledged volunteer hours and choose not to release your personal information, you will have to contact your charities to arrange for your volunteer service.

## **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) including your USPS Employee Identification Number (EIN) required by the finance department to verify and process your payroll deduction pledge.

**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 EIN, 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. 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 EIN.