



Handling Completed Pledge Cards

Weekly Turn-In Process



Contributors give completed pledge cards to Keyworkers



Keyworkers review, complete pledge report form and turn in collected pledge cards to Agency Campaign Mangers.



Agency Campaign Managers consolidate Keyworker reports and submit to PCFO.

Pledge Cards



1. Be sure it's legible, must contain full name, employee ID and agency
2. Select an amount:
 - Left side - Military side – Civilian
 - Right side – Civilian
3. Enter the charity code and allocation amounts. Two sides must balance.
4. Make sure the form is signed
5. Optional request to release their name to the charity. Names are only released if this section is completed

PRINT NAME (LAST)		FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL AGENCY AND OFFICE	SOCIAL SECURITY NUMBER/EMPLOYEE ID
WORK ADDRESS & ZIP CODE					WORK PHONE ()	

CONTRIBUTION: Please check one of the boxes or fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total annual contribution in the space provided.		CHARITY CODE	ANNUAL AMOUNT
<input type="checkbox"/> MILITARY	Branch of Service? _____	<input type="checkbox"/> CIVILIAN	
<input type="checkbox"/> x 12 pay periods –		<input type="checkbox"/> x 26 pay periods –	
<input type="checkbox"/> \$170.00 x 12 pay periods – \$2,040.00		<input type="checkbox"/> \$78.00 x 26 pay periods – \$2,028.00	
<input type="checkbox"/> \$100.00 x 12 pay periods – \$1,200.00		<input type="checkbox"/> \$40.00 x 26 pay periods – \$1,040.00	
<input type="checkbox"/> \$50.00 x 12 pay periods – \$600.00		<input type="checkbox"/> \$20.00 x 26 pay periods – \$520.00	
<input type="checkbox"/> \$25.00 x 12 pay periods – \$300.00		<input type="checkbox"/> \$10.00 x 26 pay periods – \$260.00	
<input type="checkbox"/> \$15.00 x 12 pay periods – \$180.00		<input type="checkbox"/> \$6.00 x 26 pay periods – \$156.00	
Cash/Check Amount: _____ Check # _____		Cash/Check Amount: _____ Check # _____	
Make check payable to the Combined Federal Campaign		Make check payable to the Combined Federal Campaign	
CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.		DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.	
Date of Contribution: _____			

INFORMATION RELEASE (OPTIONAL)	
Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.	
Home Address	_____
Personal Email Address	_____
<input type="checkbox"/> In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.	

PAYROLL DEDUCTION AUTHORIZATION	
I hereby authorize any agency of the United States Government by which I may be employed during 2014 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2014 starting with the first pay period that begins 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. I understand that this authorization may be revoked by me in writing at any time before it expires.	
SIGNATURE _____	DATE _____

COPY #1 - PAYROLL OFFICE



What to Collect

Cash or Check Contributions: Collect Yellow Copy ONLY

PRINT NAME (LAST) FIRST MIDDLE INITIAL CIVILIAN MILITARY FEDERAL AGENCY AND OFFICE SOCIAL SECURITY NUMBER/EMPLOYEE ID
 WORK ADDRESS & ZIP CODE WORK PHONE

CONTRIBUTION: Please check one of the boxes or fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total annual contribution in the space provided.

MILITARY	Branch of Service?	CIVILIAN	CHARITY CODE	ANNUAL AMOUNT
<input type="checkbox"/>	x 12 pay periods -	<input type="checkbox"/>		x 26 pay periods -
<input type="checkbox"/>	\$170.00 x 12 pay periods - \$2,040.00	<input type="checkbox"/>		\$78.00 x 26 pay periods - \$2,028.00
<input type="checkbox"/>	\$100.00 x 12 pay periods - \$1,200.00	<input type="checkbox"/>		\$40.00 x 26 pay periods - \$1,040.00
<input type="checkbox"/>	\$50.00 x 12 pay periods - \$600.00	<input type="checkbox"/>		\$20.00 x 26 pay periods - \$520.00
<input type="checkbox"/>	\$25.00 x 12 pay periods - \$300.00	<input type="checkbox"/>		\$10.00 x 26 pay periods - \$260.00
<input type="checkbox"/>	\$15.00 x 12 pay periods - \$180.00	<input type="checkbox"/>		\$6.00 x 26 pay periods - \$156.00

Cash/Check Amount: _____ Check # _____
 Make check payable to the Combined Federal Campaign

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.

Date of Contribution: _____

COPY #1 - PAYROLL OFFICE

PRINT NAME (LAST) FIRST MIDDLE INITIAL CIVILIAN MILITARY FEDERAL AGENCY AND OFFICE SOCIAL SECURITY NUMBER/EMPLOYEE ID
 WORK ADDRESS & ZIP CODE WORK PHONE

CONTRIBUTION: Please check one of the boxes or fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total annual contribution in the space provided.

MILITARY	Branch of Service?	CIVILIAN	CHARITY CODE	ANNUAL AMOUNT
<input type="checkbox"/>	x 12 pay periods -	<input type="checkbox"/>		x 26 pay periods -
<input type="checkbox"/>	\$170.00 x 12 pay periods - \$2,040.00	<input type="checkbox"/>		\$78.00 x 26 pay periods - \$2,028.00
<input type="checkbox"/>	\$100.00 x 12 pay periods - \$1,200.00	<input type="checkbox"/>		\$40.00 x 26 pay periods - \$1,040.00
<input type="checkbox"/>	\$50.00 x 12 pay periods - \$600.00	<input type="checkbox"/>		\$20.00 x 26 pay periods - \$520.00
<input type="checkbox"/>	\$25.00 x 12 pay periods - \$300.00	<input type="checkbox"/>		\$10.00 x 26 pay periods - \$260.00
<input type="checkbox"/>	\$15.00 x 12 pay periods - \$180.00	<input type="checkbox"/>		\$6.00 x 26 pay periods - \$156.00

Cash/Check Amount: _____ Check # _____
 Make check payable to the Combined Federal Campaign

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.

Date of Contribution: _____

INFORMATION RELEASE (OPTIONAL)
 Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.
 Home Address _____
 Personal Email Address _____

In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

PAYROLL DEDUCTION AUTHORIZATION
 I hereby authorize any agency of the United States Government by which I may be employed during 2014 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2014 starting with the first pay period that begins 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. I understand that this authorization may be revoked by me in writing at any time before it expires.
 SIGNATURE _____ DATE _____

COPY #1 - PAYROLL OFFICE

PRINT NAME (LAST) FIRST MIDDLE INITIAL CIVILIAN MILITARY FEDERAL AGENCY AND OFFICE SOCIAL SECURITY NUMBER/EMPLOYEE ID
 WORK ADDRESS & ZIP CODE WORK PHONE

CONTRIBUTION: Please check one of the boxes or fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total annual contribution in the space provided.

MILITARY	Branch of Service?	CIVILIAN	CHARITY CODE	ANNUAL AMOUNT
<input type="checkbox"/>	x 12 pay periods -	<input type="checkbox"/>		x 26 pay periods -
<input type="checkbox"/>	\$170.00 x 12 pay periods - \$2,040.00	<input type="checkbox"/>		\$78.00 x 26 pay periods - \$2,028.00
<input type="checkbox"/>	\$100.00 x 12 pay periods - \$1,200.00	<input type="checkbox"/>		\$40.00 x 26 pay periods - \$1,040.00
<input type="checkbox"/>	\$50.00 x 12 pay periods - \$600.00	<input type="checkbox"/>		\$20.00 x 26 pay periods - \$520.00
<input type="checkbox"/>	\$25.00 x 12 pay periods - \$300.00	<input type="checkbox"/>		\$10.00 x 26 pay periods - \$260.00
<input type="checkbox"/>	\$15.00 x 12 pay periods - \$180.00	<input type="checkbox"/>		\$6.00 x 26 pay periods - \$156.00

Cash/Check Amount: _____ Check # _____
 Make check payable to the Combined Federal Campaign

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges.

Date of Contribution: _____

INFORMATION RELEASE (OPTIONAL)
 Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.
 Home Address _____
 Personal Email Address _____

In addition to my contact information, I authorize the CFC to release the amount of my pledge to the charity(ies) I designated above.

PAYROLL DEDUCTION AUTHORIZATION
 I hereby authorize any agency of the United States Government by which I may be employed during 2014 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2014 starting with the first pay period that begins 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. I understand that this authorization may be revoked by me in writing at any time before it expires.
 SIGNATURE _____ DATE _____

COPY #1 - PAYROLL OFFICE

Payroll Allotment Contributions: Collect WHITE and YELLOW Copies

Weekly Contributor Report Form



Central Virginia Area Combined Federal Campaign

Keyworker Report: Contributor Pledge Report Form - Report Form A

Department/Agency/Bureau _____

Office/Division/Branch/Station _____

Agency Street Address _____

Keyworker Name _____ Phone _____

Keyworker Email Address _____

Agency Coordinator Name _____ Phone _____

Contribution Type	Number of Contributors	Amount Contributed
Contributor Cash Donations		
Checks (made payable to CVACFC)		
Payroll Deduction Donations		
Confidential Envelopes (DO NOT OPEN)		
TOTAL		

Date Reviewed by ACM: _____ Agency CVA#: _____

Date of Deposit: _____ Date WHITE copies to payroll office: _____

Be sure to keep a copy of this completed form for your records and submit in the envelope to your Agency Coordinator. Any questions? Please contact your Agency Coordinator, or the CFC office at 804-594-9441.

ACM Signature: _____

Keyworker Signature: _____

Thank you for volunteering be a part of the Central Virginia Area Combined Federal Campaign, bringing awareness and help to those in need.

Date Received by LE: _____

ACM Signature: _____

Loaned Executive Signature: _____

CFC NEXUS BATCH #: (Loaned Executive)

Date of Completion: (Loaned Executive)

Green Report Form A

After reviewing all pledge cards fill out this form, put into any envelope and turn into your ACM.

If you have questions please email cvacfc@charity.org

Special Event Report Form



Central Virginia Area Combined Federal Campaign

Keyworker Report: Special Event Funds Only - Report Form B

Department/Agency/Bureau _____
Office/Division/Branch/Station _____
Agency Street Address _____
Keyworker Name _____ Phone _____
Keyworker Email Address _____
Agency Coordinator Name _____ Phone _____

	Number of Contributors	Amount Contributed
Special Event Cash*		
Special Event Checks (made payable to CVACFC)		
Special Event Payroll Deduction Donations		
TOTAL		

**Please be sure to include a completed pledge form specifying the event type (kickoff, auction, awareness, etc.) Please submit all funds as they are received. Do NOT convert cash to a personal check.*

Date Reviewed by ACM: _____ Agency CVAR#: _____

Date of Deposit: _____ Date WHITE copies to payroll office: _____

Be sure to keep a copy of this completed form for your records and submit in the envelope to your Agency Coordinator. Any questions? Please contact your Agency Coordinator, or the CFC office at 804-594-9441.

ACM Signature: _____

Keyworker Signature: _____

Thank you for volunteering be a part of the Central Virginia Area Combined Federal Campaign, bringing awareness and help to those in need.

Date Received by LE: _____

ACM Signature: _____

Loaned Executive Signature: _____

CFC NEXUS BATCH #: (Loaned Executive)

Date of Completion: (Loaned Executive)

Black Report Form B

When you have a special event, review all pledge cards, fill out form, place in any envelope and turn into your ACM.

If you have questions please email cvacfc@charity.org