



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 <i>(made payable to CVACFC)</i>		
Payroll Deduction Donations		
Confidential Envelopes <i>(DO NOT OPEN)</i>		
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)