CFC DONOR PLEDGING SYSTEM

Welcome Screen

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Privacy Act Statement



Comparison (or C) and an interex payments or the Contaneous and agenerations to an order of the containe. ROUTINE USES: The information we collect from your may be disclosed as a "nutrine use" to your relisment service (e.g., OPM Referement Services or the Defense France and Accounting Services Refere Pay), if you have chosen to make a recurring gR via a deduction from your remarkly, or to your cells and company, bank, or other francial institution, for a one firm or recurring gR (using the CPC's online option) via credit careful, electronic chock, or adamstic deduction from your francial account. WR your authorization, we may also share the information you provide to us with local, national, or international charatelie organizations or federations. In addition, we may share your information as a "houtine use" with other external refersions, such as lass enforcement or tests and houtine, whet the disclosure in recessary to investigate a violation of potential violation of oxil or criminal law. A complete list of routine uses can be found in the system of records notice for OPM 20, National CPC System.

CONSEQUENCES OF FALLING 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 ign on your braining (and series asystemethring and the information, trequested, it may not be possible for us to make this ign on your braining (and series asystemethring and the information, trequested, it may not be possible for us to make this ign on your braining (and series asystemethring and the information, we may not be possible for us to make the ign on your braining (and series asystemethring and the information, the maximum and the large series in the information in the process our request for an annuly deduction by your referencer service. If you are making a one-time, there are not required to furnish your SSN, individuals may pledge online at www.opm.gov/showsome/ovecic and may contact the CFC Help Dexk at (Tol Free) 800-787-0058 or (Local/Internationa) 205 237-4688 (Monday through Friday from 8 a.m. until 6 p.m. CST) with questions about the pledge process or contact us at https://clinking.com.gov/contact.

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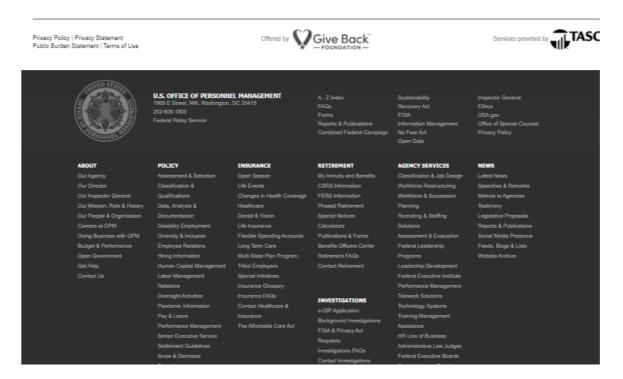
CFC DONOR PLEDGING SYSTEM

Public Burden Statement



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, 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.



Your Profile Screen

Select Type of Donor

Your Profile

Profile information is required to associate your account with your CFC Zone and to help manage your pledge.

Personal Information

Type of Donor	
Select Type	*
FEDERAL EMPLOYEE OR MEMBER OF THE MILITAR	TY
FEDERAL ANNUITANT OR MILITARY RETIREE	-
FEDERAL CONTRACTOR	
Primary Work Location ZIP or Postal Code 0	
I am located in a non-US or foreign territory without a	a ZIP Code.
	a ZIP Code.
	a ZIP Code.
Your Department Select Department	
Your Department Select Department	
Your Agency	-

Contact Information

Primary Email name@organization.org

Secondary Email (optional)

johndoe@domain.org

*All fields are required unless noted.

Charity Search Engine

Official Website of the U.S. Office of Personnel Management		About The CF	℃ Campaign FAQs Contact Us
Find A Charity Q			
ove -D	n make a differenc onate Today!	e	
Find A Charity			
Your search can be very specific or broad — fill in any of the $$\operatorname{Charity}{\Theta}$$	search criteria below.		
Enter Name, CFC #, EIN, or Keyword	Enter City Select a S	tate 🗸	Enter ZIP Code
Select A Specific Category	Select A Specific Zone ()		
All Categories	All Zones		\sim
Select an Administrative Fundraising Rate	FSYP or FSYA or MWR		

□ Volunteer Opportunities Available 👔

Any Rate

Federation (M) Federation Member Organization	Independent
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Reset

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Select Military Installation

Search For Charities

Sort By:	Listing Print Order	\sim
	Clear	Results

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Sample Format for Charity Search Results

Add selected charity(s) to their cart.

## Resu	ults Found	Sort By Listing Print Order • Clear Results
E ADD	Charity Name CFC# 00000 EIN 00-0000000 Zone ## Cey. State AFR 00.0% @	
# ADD	Charity Name CFC# 00000 EN 00-0000000 Zone ## City, State AFR 00 0%	
# ADD	Charity Name CFC# 00000 EIN 00-0000000 Zone ## City, State AFR 00.0% @	
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# ADD	Charity Name CFC# 00000 EIN 00-0000000 Zone ## City, State AFR 00 0% @	

Pledging Details

Follow these 4 ste	ps and click continu	e to review and subr	nit your pledge.
Select Your	Payment Metho	ad & Account	2 Select Your Payment Frequency
0: Playrol Jerning - 0 0: Volunteer hours (Bank Account ID Credit Co snly	ti Sdatt•	Send •
3 Set Your Ar	nual Pledge		chaul
Enter Your Se	cheduled Contributi	on	Sec. and
Monthly	5	00.	Some
Semi-Monthly	1	.00	Lave
El-Weekly	1	.00	
Enter Your To	otal Annual Pledge	Amount:	Next bind were an appropriate will work on parts startifications of distributions are researched to all part particular for the comparise DPC participa point. Actual exercted indistribution model for two from any participa. The activational activation is also actuated of each of the starting of the start of the starting of the starting of the starting of the start
Annual	1	00	your characteristics and an approximate of information of the provided the provided and the second s
		Houtshed to reserve intollar	

4 Update this table to reflect how you want to distribute your pledge to your selected charities.

		ANNUAL	10	a second s
Charity Information	Persentage To Charity	Amount To Charity	Volumbeer Hours @	Share Piedge Information O
Charity Name - IR & Name City, State (LPV 06-0555555 Delate		.00	# his	D 111, always the information
Charity Name - IR3 Name City State (LP/0040000000 Delete				[] YES, above the information.
Charify Name - 1988 Name Clip Sole- (Life SolenceDay Delete			P In	[]] YES, sheet my inflamation
	anns .	8000.00		

Continue With Your Pledge 🔶