



# GIVE 1 *For The Holidays*

WASHINGTON  
STATE CFD

## 2014 Holiday Giving Guide Contribution Form

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Olympia, WA 98504

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☐ Monthly Donation ☐ One-Time Donation

Fill in your donation information. Please make donations by check **payable to the Combined Fund Drive**.

Charity Code	Charity Name	Amount

### Would you like to dedicate your gift to someone?

☐ In honor of ☐ In memory ☐ On behalf of

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By signing this form I understand that once started, my monthly payroll deduction will continue automatically unless changed by either completing a new Contribution Form, updating my donation account online at [www.cfd.wa.gov](http://www.cfd.wa.gov) or canceled by written notice to the CFD state office. In signing this form, I acknowledge that my donation(s) will be updated per the guidelines and information provided above. I hereby authorize the State of Washington to deduct the amount indicated from my pay provided that the amount deducted will be remitted on a regular basis in support of the charities of the Washington State Combined Fund Drive as specified above.

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\_\_\_\_\_ Date \_\_\_\_\_

(your signature is required to process your donation)

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