



GIVE 1 For The Holidays

WASHINGTON STATE CFD

2014 Holiday Giving Guide Contribution Form

Please sign and return this form to the CFD state office:

PO Box 40250 (Mail Stop #40250)

Olympia, WA 98504

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Please PRINT CLEARLY to completely the information below.

Name (Last, First, MI) _____ Employee ID # _____

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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

Recipient Name _____

Address _____ State _____ Zip Code _____

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 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.

Please Sign and Date:

X _____ Date _____
(your signature is required to process your donation)

I wish to donate anonymously