Holiday Giving Catalog Contribution Form

Please sign and return it to the CFD state office at:
PO Box 40250 (Mail Stop #40250)
Olympia, WA 98504

❍New Donor ❍Add To My Current Donation(s) ❍Cancel My Donation(s)

Please completely fill in the information below. (Clearly Print)

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

Agency/Campus _____ County of Work _____

Email_____ Work Phone_____

❍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

I would like to dedicate my 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, canceled by checking the cancel box or by written notice to the CFD 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 donation)

❍ I wish to donate anonymously

www.cfd.wa.gov