COMPLETING YOUR PLEDGE CARD

As you use your scannable pledge card, please remember:

- Use a black or blue-black pen
- Do not fold or staple the pledge card
- Top page of the form goes to the PCFO (give it to your keyworker or coordinator)
- Next copy (blue) goes to donor's payroll
- Last copy (pink) goes to the donor.

Donor Release Information: You must completely fill in the circle next to the option in order for the computer to recognize your preference. The default will be "Do Not Release" names and addresses. Therefore, if you want the charity to have your name and address, fill out the blocks and fill in the circle "Please Release".

An important note:
For your pledge to be valid, the organizations you designate must be listed in this booklet, and the correct code must be entered. Please do not "write in" the name of organizations or organization branches which do not appear in this guide.

1. Fill in your name and federal organization.

2. Fill in your work address and zip code, your complete daytime telephone number (so that CFC associates can reach you in case there is a question about your pledge card), and your Social Security number when electing to make a payroll deduction pledge.

3. For Military Payroll Giving (12 pay periods), enter the total amount for the year on the appropriate line in the "MILITARY" section of the pledge card.

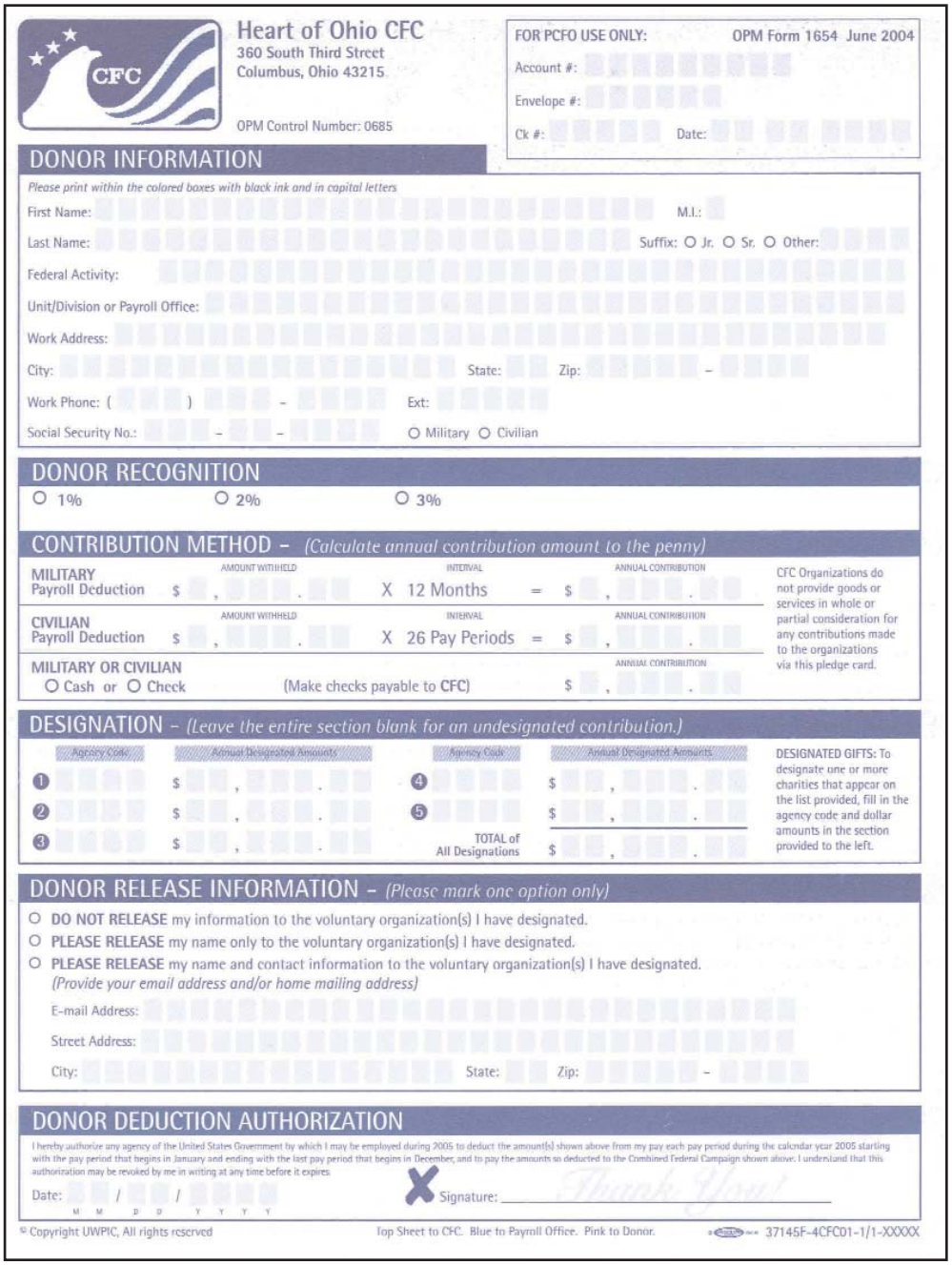
4. For Civilian Payroll Giving (26 pay periods), enter the total for the year on the appropriate line in the "CIVILIAN" section of the pledge card.

5. For cash or check gifts, enter the amount of the total gift and put an "x" next to "cash" or "check." Checks can be made payable to the Combined Federal Campaign.

6. Each charity and each federation has a 4-digit designation code. These codes are found with the name of the charity or federation. You may direct your gift by recording the appropriate 4-digit code in the boxes provided. The total annual amount designated to each selection goes in the box to the right of the code. You may also select the International "General Designation Option:" "IIII" for distribution to all charities listed in the international section. Distribution will be made in the same proportion as agencies receive designations. You may only designate organizations listed in the Resource guide of the Heart of Ohio CFC Write-ins are prohibited.

7. If you made a payroll deduction pledge, be sure to sign and date the authorization so that your payroll office can make the deduction or allotment.

8. Fill in the "DO NOT RELEASE" box, if you do not want your name and address released to the recipients of your designations. If you want your name and address forwarded to the charities you have designated, check the "I DO" box and enter your home address or your home e-mail address.



Heart of Ohio CFC
360 South Third Street
Columbus, Ohio 43215

OPM Control Number: 0685

FOR PCFO USE ONLY: OPM Form 1654 June 2004
Account #:
Envelope #:
Ck #: Date:

DONOR INFORMATION
Please print within the colored boxes with black ink and in capital letters
First Name: M.I.:
Last Name: Suffix: O Jr. O Sr. O Other:
Federal Activity:
Unit/Division or Payroll Office:
Work Address:
City: State: Zip: -
Work Phone: ( ) - Ext:
Social Security No.: - - O Military O Civilian

DONOR RECOGNITION
O 1% O 2% O 3%

CONTRIBUTION METHOD - (Calculate annual contribution amount to the penny)
MILITARY Payroll Deduction — AMOUNT WITHHELD $, . X INTERVAL 12 Months = ANNUAL CONTRIBUTION $, .
CIVILIAN Payroll Deduction — AMOUNT WITHHELD $, . X INTERVAL 26 Pay Periods = ANNUAL CONTRIBUTION $, .
MILITARY OR CIVILIAN O Cash or O Check (Make checks payable to CFC) ANNUAL CONTRIBUTION $, .
CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DESIGNATION - (Leave the entire section blank for an undesignated contribution.)
Agency Code / Annual Designated Amounts
1 $, .
2 $, .
3 $, .
4 $, .
5 $, .
TOTAL of All Designations $, .
DESIGNATED GIFTS: To designate one or more charities that appear on the list provided, fill in the agency code and dollar amounts in the section provided to the left.

DONOR RELEASE INFORMATION - (Please mark one option only)
O DO NOT RELEASE my information to the voluntary organization(s) I have designated.
O PLEASE RELEASE my name only to the voluntary organization(s) I have designated.
O PLEASE RELEASE my name and contact information to the voluntary organization(s) I have designated.
(Provide your email address and/or home mailing address)
E-mail Address:
Street Address:
City: State: Zip: -

DONOR DEDUCTION AUTHORIZATION
I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 starting with the pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.
Date: M M / D D / Y Y Y Y Signature: Thank You!

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