



WASHINGTON STATE COMBINED FUND DRIVE

CONTRIBUTION FORM

Thank you for giving to your favorite charity through the CFD. Your current monthly payroll deduction(s) will roll over into the new year unless changed. New/updated payroll deductions will be processed at the first possible pay period unless otherwise instructed by the donor. Checks will be processed immediately regardless of when this form is submitted.

Please sign and return this form to your workplace CFD Volunteer. This contribution form will override your existing donations.

Please completely fill in the information below. (Print this on your printer; fill in the form in ink, sign and date)

I am a first time donor
 Add To My Current Donation(s)
 Cancel My Donation(s)

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

Agency/Campus _____ Agency/Campus Code _____ County of Work _____

Email _____ Work Phone _____

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

Charity Name	Charity Code	Monthly Payroll Donation	One-time Payroll Donation	Donation by Check
Washington State Chaplain Foundation	1480990	\$	\$	\$

Please Sign and Date Additionally, I wish to donate monthly to this charity by payroll deduction.

X _____ Date _____
(Your signature is required to process donations)

I wish to donate Anonymously

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.