



# WASHINGTON STATE COMBINED FUND DRIVE

## RETIREE CONTRIBUTION FORM

Thank you for giving to your favorite charity through the Washington State Combined Fund Drive! Please complete this Contribution Form to begin giving to your favorite charity through your retirement account or via personal check today:

Please print clearly.

Select your retirement plan: ☐ PERS ☐ TRS ☐ LEOFF ☐ WSPRS ☐ JRS ☐ JRF ☐ PSERS

Name (Last, First, MI) \_\_\_\_\_ Last Four Digits of SSN \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Fill in your donation information. Please make donations by check payable to the **Combined Fund Drive** and staple the check to this form. Checks will be processed as soon as the CFD state office receives your Contribution Form. New or updated payroll deductions will be processed at the first possible pay period unless otherwise instructed. If giving a set amount for a specific period of time, indicate this information VERY CLEARLY.

Charity Name	Charity Code	Monthly Donation	One-Time Donation	Donation by Check
CFD Non-Specified Fund	0316854	\$	\$	\$
<i>Medicine Lake Dollars For Scholars</i>	<i>0315759</i>	\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Please Sign and Date:

X

\_\_\_\_\_  
Your signature is required to process your donation.

Date \_\_\_\_\_

☐ I wish to donate  
**anonymously**

By signing this form, I understand that once started, my monthly deduction will continue automatically each pay period and roll over into the new year unless changed (by either completing a new Contribution Form, updating my donation account online at [www.cfd.wa.gov](http://www.cfd.wa.gov), canceled by checking the cancel box above 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 I provided above. I hereby authorize the State of Washington to deduct the amount indicated from my retiree account 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.

Questions? Contact the CFD state office at [cfd@sos.wa.gov](mailto:cfd@sos.wa.gov) or (360) 902-4162.

**Please sign and return this form  
to the CFD state office at  
Mail Stop 40250 or PO Box 40250, Olympia, WA 98504**