



WASHINGTON STATE
COMBINED
FUND DRIVE

CONTRIBUTION FORM

Thank you for giving to your favorite charity through the Washington State Combined Fund Drive!
Please fill out the form below to begin giving to your favorite charity through payroll deduction or personal check today.

Please print clearly.

<input type="checkbox"/> New Donor	<input type="checkbox"/> Change My Current Donation(s)	<input type="checkbox"/> Add To My Current Donation(s)	<input type="checkbox"/> Cancel My Donation(s)
Name (Last, First, MI) _____		Employee ID # _____	
Agency/Campus _____		Email _____	Work 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.

Charity Name	Charity Code	Monthly Payroll Donation	One-Time Payroll Donation	Donation by Check
CFD Non-Specified Fund	0316854	\$	\$	\$
Medical Luke Dollars for Scholars	0315759	\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Please Sign and Date:

X _____ Date _____

Your signature is required to process your donation.

☐ I wish to donate anonymously

By signing this form, I understand that once started, my monthly payroll 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, 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 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.

If you have questions, feel free to contact the CFD state office at cfid@sos.wa.gov or (360) 902-4162.

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