

# POCKET CONTRIBUTION FORM

Please sign and return this form to your workplace CFD volunteer

- New Donor
- Change My Current Donation(s)
- Add To My Current Donation(s)
- Cancel My Donation(s)

Name \_\_\_\_\_

Employee ID#

Agency/Campus 621/210 (WCC)

County of Work Whatcom

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

Monthly Donation     One-Time Donation

Charity Code	Charity Name	Amount (per month or one time)
031584	WCC Foundation	

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](http://www.cfd.wa.gov), or 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**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

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