

PAYROLL WITHHOLDING AUTHORIZATION
(THIS CARD GOES TO PAYROLL OFFICE)

1969 COMBINED FEDERAL CAMPAIGN—SAN FRANCISCO BAY AREA
c/o United Crusade, 2015 Steiner St., San Francisco, California 94115

First Name

Initial

Last Name

Payroll Number

PRINT

Federal Dept. or Agency

Installation or Office

Location

MY FAIR SHARE FILL IN BLANK BOX OR CHECK BOX SHOWING THE AMOUNT OF YOUR ALLOTMENT

Minimum amount for use of payroll withholding is 50¢ each pay day if paid every two weeks or twice monthly; \$1.00 if paid monthly.

CIVILIAN \$ \$6 \$5 \$4 \$3 \$2.50 \$2 \$1.50 \$1 \$.50 **BI-WEEKLY**

The amount indicated by military personnel will be the monthly amount to be deducted as an allotment from pay; minimum \$1.00.

MILITARY \$ \$6 \$5 \$4 \$3 \$2.50 \$2 \$1.50 \$1 **MONTHLY**

FOR AGENCY USE ONLY

I hereby authorize the above-named agency or any other agency of the United States Government by which I may be employed during 1970 to deduct the amount shown above from my pay each pay period during calendar year 1970, starting with the first period beginning in January, 1970 and ending with the last pay period which begins in December, providing that the amounts so deducted shall be remitted 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.

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CSC Form 804 June 1966		

**CONTRIBUTOR'S
SIGNATURE**

TO FEDERAL PAYROLL OFFICES—If the contributor moves to the jurisdiction of another payroll office before 1971, this authorization should be forwarded.

CONTRIBUTION RECORD CARD
(This card goes to CFC HQ)

1969 COMBINED FEDERAL CAMPAIGN
2015 Steiner St., San Francisco 94115

CONTRIBUTOR'S RECEIPT
1969 COMBINED FEDERAL CAMPAIGN
San Francisco Bay Area

First Name	Initial	Last Name	Payroll Number
PRINT			
Fed. Dept. or Agency	Installation or Office		City

I hereby contribute for 1970 the **SUM** of \$

My FAIR SHARE based on the Guide: YES ☐ NO ☐

Allotment of \$ _____ in _____ Installments = \$ _____
number

Paid now to Keyman \$ _____

To designate to an agency, use reverse side.

Contributor's Signature _____

Date _____

CFC 9 150M

Make checks payable to Combined Federal Campaign

Name

Installation or Office

Has donated the SUM of \$ _____

1970 Allotment of \$ _____

Payment to Keyman of \$ _____

Keyman's Signature

Date

United Crusade Agencies
National Health Agencies
International Service Agencies

