



August 9, 2019

Mr. Brian J. Wagner
President
National Association of Postal Supervisors
1727 King Street, Suite 400
Alexandria, VA 22314-2753



Dear Brian:

As a matter of general interest, the Postal Service will begin using a new Combined Federal Campaign (CFC) pledge form entitled OPM Form 1654-A which was developed by the United States Office of Personnel Management for the 2019 donation period. The new form removes the need for employees/retirees to enter their Social Security Number when making payroll deduction pledges. The form will be available both in paper and online versions.

We have enclosed a copy of the new form.

Please contact Bruce Nicholson at extension 7773 if you have questions concerning this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan S. Moore".

Alan S. Moore
Manager
Labor Relations Policies and Programs

Enclosure

2019 Combined Federal Campaign U.S. POSTAL SERVICE PLEDGE FORM

OPM Form 1654-A



Please use black ink. Sections marked with * are mandatory.

Full instructions on reverse. Submit this original Pledge Form to your Keyworker as early as possible to allow time for processing. Keep a copy for your records. OPM accepts online pledges through Jan. 12, 2020, at opm.gov/ShowSomeLoveCFC. CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge.

Donor Information (required)

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| 1. Primary Email Address (official government) * | | 2. Donor Type * | | | | | | | |
| | | <input type="checkbox"/> Civilian | | | | | | | |
| 3. Name * (first name) | | (last name) * | | | | | | | |
| | | | | | | | | | |
| 4. CFC Unit Code (six digits) | | 5. Zip Code of Your Office/Unit * | | | | | | | |
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| 7. Your Department | | 6. Overseas Employees | | | | | | | |
| United States Postal Service | | <input type="checkbox"/> I am located in a foreign country/territory. | | | | | | | |
| 8. Your Area/District/VP Organization * (no acronyms) | | | | | | | | | |
| | | | | | | | | | |
| 9. Your Office/Facility/Station * (no acronyms) | | | | | | | | | |
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Pledge Information (required)

| 10. Allotment Source * | 11. Amount Per Deduction | 12. Total Annual Gift | 13. Charity Designation * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------------|---------------------------|--|--|----------|-------|--|--|--|------------------|---------------|-----------------|--|--|--|--|--|--|----------|-------|--|--|--|--|--|--|----------|-------|--|--|--|--|--|--|----------|-------|--|--|--|--|--|--|----------|-------|--|--|--|--|--|--|----------|-------|--|--|--|--|--|--|----------|-------|--|--|--|--|--|--|----------|-------|--|--|--|--|--|--|----------|-------|----------------------------------|--|----------|-------|
| | <input type="checkbox"/> Payroll USPS Assigned EIN (only required if electing payroll) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <input type="checkbox"/> Check Make checks payable to "Combined Federal Campaign" and attach to this form. | | | | | | | \$ _____ Check your payroll frequency: <input type="checkbox"/> Bi-weekly (x26) N/A | \$ _____ (Amount per deduction multiplied by the payroll frequency) \$ _____ Check Amount | <table border="1"> <thead> <tr> <th>CFC Charity Code</th> <th>Annual Amount</th> <th>Volunteer Hours</th> </tr> </thead> <tbody> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td colspan="2">Total Annual Contribution</td> <td>\$ _____</td> <td colspan="2">_____</td> </tr> </tbody> </table> | CFC Charity Code | Annual Amount | Volunteer Hours | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | \$ _____ | _____ | Total Annual Contribution | | \$ _____ | _____ |
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| Total Annual Contribution | | \$ _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorization * If I chose payroll deduction as my payment source, I hereby authorize any agency of the United States Government by which I may be employed during 2020 to deduct the amount(s) shown above from my pay each pay period. My deductions will be in effect for one full year starting with the first pay period after January 15 and ending with the last pay period that includes January 15 of the following year. I authorize my payroll service provider to pay the amounts shown to the Combined Federal Campaign. I understand that I may revoke this authorization in writing at any time before it expires. I also acknowledge that I have the right to receive a notification if the amount(s) scheduled to be transferred differ(s) from the amount(s) displayed above. If I chose check, I hereby authorize Give Back Foundation on behalf of the Combined Federal Campaign to process my paper check as an electronic funds transfer (EFT) for the payment amount elected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Information Release (optional)

| | | | |
|--|------|--|----------|
| 14. By completing the information below, I authorize the CFC to release my name and the following to my designated charity(ies): | | | |
| Personal Email Address | | Pledge Amount Release | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home Address | City | State | Zip Code |
| | | | |

Individuals may pledge online at opm.gov/ShowSomeLoveCFC and may contact the CFC Help Desk Monday through Friday from 8 a.m. until 6 p.m. Central Time at 800-797-0098 (toll-free) or 608-237-4898 (local/international) with questions about the pledge process.

Instructions for Properly Completing Form 1654-A

1. **Primary email address:** This is your work email address.
2. **Donor type:** Check the Civilian box.
3. **First name and last name:** Print your legal names legibly here.
4. **CFC unit code:** Not required, but if you know your office/unit's six-digit CFC code, it will expedite processing your pledge. If you do not know this code, ask your CFC Keyworker.
5. **Office/unit zip code:** Enter the zip code of the place where you currently work. This is not your home zip code.
6. **Overseas checkbox:** If you are stationed or are working overseas, please check this box.
7. **Department:** Keep the department as United States Postal Service.
8. **Area/District/VP Organization:** Enter your area, district, or VP organization here. Try to avoid acronyms.
9. **Office/Facility/Station:** Enter your office, facility, or station here.
10. **Allotment source:** Check the box either for payroll allotment or check. You only have to provide your USPS assigned EIN if you are electing to pledge via payroll allotment.
11. **Amount per deduction:** For payroll allotments, enter your amount pledged per pay period and select the frequency of your pay periods.
12. **Total annual gift:** For payroll allotments, multiply the amount pledged per pay period by the frequency of your pay periods. For check, enter the check amount.
13. **Charity designation:** You must select one or more of the 2019 CFC-approved charities or federated groups to receive your monetary and volunteer pledge. Confirm each charity's five-digit code and whether they accept volunteer hours in the online charity search or charity listing. Identify your selected charities by entering their corresponding five-digit code along with the total dollar amount you want each charity to receive. The total annual gift from the left must match the total pledged to charities below. If you would like to donate to more than seven charities, please pledge online or use multiple paper pledge forms with the total annual contribution amount appearing on copy 1 of X.
14. **Information release:** Enter the information you want released to the charities you selected. If you prefer to remain an anonymous donor, leave this section blank. NOTE: If you pledged volunteer hours and choose not to release your personal information, you will have to contact your charities to arrange for your volunteer service.

Combined Federal Campaign Privacy Act Statement

Pursuant to 5 U.S. C. 522a(e)(3), this Privacy Act Statement informs you why OPM is requesting information on this form.

AUTHORITY: OPM is authorized to collect the information on this form based upon the authority provided in Executive Order (EO) 12353 (March 23, 1982), as amended by EO 13743 (October 13, 2016), and 5 CFR 950 (January 1, 2017). In addition, Executive Order 9397 (November 22, 1943), as amended by EO 13478 (November 18, 2008), permits us to collect your Social Security Number (SSN).

PURPOSE: The information you provide is primarily collected and used by OPM to accurately receive, process, acknowledge, and account for your donation to the Combined Federal Campaign (CFC); and to make payments to the charitable organizations to which you choose to donate.

ROUTINE USES: The information we collect from you may be disclosed as a "routine use" to your payroll service provider, if you have chosen to make a recurring gift via payroll deduction; or to your credit card company, bank, or other financial institution for a one-time or recurring gift (using the CFC's online option) via credit card, electronic check, or automatic deduction from your financial account. With your authorization, we may also share the information you provide to us with local, national, or international charitable organizations or federations. In addition, we may share your information as a "routine use" with other external entities, such as law enforcement or state and federal tax authorities, when the disclosure is necessary to investigate a violation or potential violation of civil or criminal law. A complete list of routine uses can be found in the system of records notice titled "Central-20 National CFC System of Records."

CONSEQUENCES OF FAILING TO PROVIDE INFORMATION: Providing this information, including your EIN, is voluntary; however, without your signature and all of the information requested, it may not be possible for us to make this gift on your behalf, and we may suspend this pledge. In addition, if you do not provide any of the requested information, we may not be able to process your request for a payroll deduction. If you are making a one-time, lump-sum gift and,