



# Coast Guard Mutual Assistance

## 2016 Fundraising Campaign

*PROUD TO BE CGMA: IT'S WHO WE ARE; IT'S WHAT WE DO.*

NAME (Last, First, MI)	RANK	UNIT NAME
<input type="checkbox"/> ACTIVE DUTY Member <input type="checkbox"/> CIVILIAN <input type="checkbox"/> NAF Employee <input type="checkbox"/> RESERVE		

My donation amount:   
 \$25   
 \$50   
 \$100   
 \$250   
 \$ \_\_\_\_\_

Cash, Check or Money Order    *payable to CGMA*

<b>Active Duty Allotments</b>	Signature _____ (I understand this authorization will remain in effect until I request that it be changed or stopped)
	<input type="checkbox"/> Please begin a new monthly allotment of \$ _____. <input type="checkbox"/> Please increase my \$ _____ monthly allotment to \$ _____.
	EMPLID or last 4 of SSN (required to begin allotment)   Date _____

<b>Civilian Payroll Deductions</b>	Signature _____ (I understand this authorization will remain in effect until I request that it be changed or stopped)
	<input type="checkbox"/> Please begin a new bi-weekly payroll deduction of \$ _____. <input type="checkbox"/> Please increase my \$ _____ bi-weekly payroll deduction to \$ _____.
	Last 4 of SSN (required to begin payroll deduction)   Date _____

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