



Coast Guard Mutual Assistance

Active Duty Contribution Allotment Authorization

| | | | | |
|-------------------------------------|-----------------------|----------|--------|---------------------|
| Name: First* | Last* | M.I. | Suffix | Employee ID* |
| | | | | |
| Home Address: 1 st Line* | 2 nd Line | City* | | State* Zip Code* |
| | | | | |
| Contact Phone Number | E-mail Address* | | | Rank/Rate/Grade |
| | | | | |
| OPFAC | Current Duty Station* | Rep Site | | |
| | | | | |

YES! I want to help Coast Guard people in their time of need!

Monthly allotment to Coast Guard Mutual Assistance:

Current Amount (if known) \$ _____ New Amount* \$ _____

Share your Story! How has CGMA helped you or your family? Where were you when CGMA made a difference for you or a shipmate? What does CGMA mean to you?

More to the story? Send and share your photos, videos, and stories of favorite Coast Guard moments, or when CGMA helped you to MyStory@cgmahq.org.

Or tag @CGMutualAssist on Facebook, Twitter, and Instagram. Use the hashtag #helpingourown.

I hereby authorize this deduction to be taken from my Federal Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature _____
(when submitting manually)

Date _____

Submit the completed form to CGMA Headquarters via one of the following:

!!!Online: (Preferred) <https://www.cgmahq.org/donate/allotments/adDonation.html>

▶ Email: Print then take a photo or scan this form and send to donations@cgmahq.org

▶ FAX: (703) 875-0344

▶ Mail: Coast Guard Mutual Assistance, 1005 N. Glebe Rd, Suite 220, Arlington, VA 22201

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!