

Coast Guard Mutual Assistance

Active Duty Contribution Allotment Authorization

Name: First*		Last*		M.I.	Suffix	Employee ID*	
Home Address: 1st Line*		2 nd Line	City*		State*	Zip Code*	
Contact Phone Number		E-mail Address*			Rank/Rate/Grade		
OPFAC Current Duty S		tation* 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@mycgma.org. Or tag @CGMutualAssist on Facebook, Twitter, and Instagram. Use the hashtag #helpingourown.							
or lag (200 malaan toolet off i acopools, i willor, and metagram. Ose the hashlag micipingourown.							
☐ 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 Date (when submitting manually)							
S	submit the con	npleted form to CGMA Hea	adqua	rters vi	a one o	f the foll	owing:
M!Online: (Preferred) https://mycgma.org/give-help/allotment-payroll-deduction/							

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