



Coast Guard Mutual Assistance

Civilian Employee Contribution Payroll Deduction Authorization

Name: Last		First	M.I.	Social Security Number	Employee ID #
				XXX-XX -	
Home Address: 1 st Line	2 nd Line	City		State	Zip Code
Contact Phone Number	E-mail Address				
Work Phone Number	Grade	Unit Name			

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

- Start** a Bi-Weekly payroll deduction from my Federal Pay to Coast Guard Mutual Assistance in the amount of \$ _____ effective (MM/YY) ____ / ____.
- Change** my existing Bi-Weekly contribution payroll deduction from my Federal Pay to Coast Guard Mutual Assistance from \$ _____ to \$ _____ effective (MM/YY) ____ / ____.
- 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://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!