



Coast Guard Mutual Assistance

Retiree Contribution Allotment Authorization

Name: First*	Last*	M.I.	Suffix	Social Security Number*	
				XXX-XX -	
Home Address: 1 st Line*	2 nd Line	City*		State*	Zip Code*
Contact Phone Number	E-mail Address*			Rank/Rate/Grade	
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.

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)

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!