



DONATE TODAY TO MAKE A DIFFERENCE TOMORROW.

- Active Duty
- Civilian
- NAF
- Reserve
- Retiree
- Auxiliary

First Name	Last Name	M.I.	Suffix	Employee ID	
Home Address			City	ST	Zip Code
Contact Phone #	Personal Email Address			Rank/Rate/Grade	
OPFAC or Flotilla #	Current Duty Station				

Allotment/Bi-weekly Payroll Deduction

- START a monthly allotment/bi-weekly payroll deduction of \$_____
- CHANGE my existing monthly allotment/bi-weekly payroll deduction from \$____ to \$_____.
- 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 _____

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

One Time Donation

(Cash, check or money order payable to CGMA)

\$250 \$100 \$50 \$25 \$_____

Multiply your impact. Make it monthly!
 Donations may be made securely online
 at www.mycgma.org/give-help



