

Air Force Assistance Fund Retiree Contribution Form

This form is subject to the Privacy Act of 1974

MAIL TO:
Air Force Assistance Fund
HQ AFPC/DP3SAF
550 C Street West
JBSA Randolph, TX 78150



Name (last, first, middle initial)	Ret Rank	SSN (Payroll Deduction Only)	
Address	City	State	Zip Code

	B.		Allotment		Months	Total
IF CASH or CHECK, COMPLETE SECTION A IF PDP, COMPLETE SECTION B IF ON-LINE E-GIVING, COMPLETE SECTION C	PAYROLL DEDUCTION PLAN	Air Force Village Charitable Foundation (AFVCF)	706	<input type="checkbox"/>	X 12 =	<input type="text"/>
		Air Force Aid Society (AFAS)	707	<input type="checkbox"/>	X 12 =	<input type="text"/>
		Air Force Enlisted Village (AFEV)	705	<input type="checkbox"/>	X 12 =	<input type="text"/>
		The Gen and Mrs Curtis E LeMay Foundation (LeMay)	704	<input type="checkbox"/>	X 12 =	<input type="text"/>
		TOTAL PDP				
A. CASH/CHECKS Please don't send cash in the mail!!!						
Air Force Village Charitable Foundation (AFVCF)						
Air Force Aid Society (AFAS)						
Air Force Enlisted Village (AFEV)						
The General and Mrs Curtis E. LeMay Foundation (LeMay)						
TOTAL GIFT:						

(The minimum allotment to any affiliate is \$1 per month).

Please Read: I hereby authorize deductions from my monthly retired pay beginning July of the campaign year for a period of 12 months in the amount shown to the affiliate(s) designated. This allotment will remain in effect for 12 months unless I request to terminate in writing to:

Defense Finance and Accounting Service
 US Military Retirement Pay
 8899 E 56th Street
 Indianapolis, IN 46249-1200

FOR AFO USE ONLY
 CLASS C ALLOTMENT FOR
 AFAF CONTRIBUTION

PREPARED BY: _____

Please make checks payable to "AFAF"	SIGNATURE: _____	DATE: _____
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C. ON-LINE E-GIVING	Note: Please use Section C to NOTIFY us of a donation you have already made on-line. Completing information here does not authorize electronic giving for the Air Force Assistance Fund. See www.afassistancefund.org for links to give.		
CHARITY	DONATION AMOUNT (One-Time Donation)	- or -	DONATION AMOUNT (Recurring/Monthly)
Air Force Villages Charitable Foundation (AFVCF)	<input type="text"/>	- or -	<input type="text"/>
Air Force Aid Society (AFAS)	<input type="text"/>	- or -	<input type="text"/>
Air Force Enlisted Village (AFEV)	<input type="text"/>	- or -	<input type="text"/>
Gen & Mrs Curtis E LeMay Foundation (LeMAY)	<input type="text"/>	- or -	<input type="text"/>
TOTAL ON-LINE E-GIVING	<input type="text"/>		<input type="text"/>
	Annual Giving Total (One-Time gifts)		Annual Giving Total (Recurring gifts)

VOLUNTARY INFORMATION RELEASE AUTHORIZATION:
 Let us thank you, and update you on what your donation is accomplishing! Information you voluntarily enter here will be released, along with your name and amount given to the Charity(ies) to which you made a pledge.

Home Mailing Address:

Please do not enter your work email address.

Personal Email Address:

Release of information authorization (Signature) _____

Contributions deductible for Federal income tax purposes as itemized deduction. Contributors receive no goods or services.
 AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 37 U.S.C.; and E.O. 9397 (SSN)
 PURPOSE: To document and account for retired military pay and allowance disbursements and collections
 ROUTINE USE(S): May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3), to the Treasury Department, Internal Revenue Service, military relief societies, and the Blanket Routine Uses.
 DISCLOSURE VOLUNTARY: Not providing SSN may result in delaying or the inability to process your allotment