



ACTIVE DUTY FUND DRIVE
IN SUPPORT OF THE
**NAVY-MARINE CORPS
RELIEF SOCIETY**

Support Shipmates, fellow Marines, and their families.
Someday you may need them to return the favor.

12-Monthly Payroll Allotments

- \$10 \$25 \$35
 \$50 \$100 OTHER _____

TOTAL ANNUAL ALLOTMENT EQUALS \$ _____

For allotments only: I hereby authorize the Department of the Navy to deduct the indicated amount from my pay each month for twelve (12) months starting June 1 and ending May 31 of the following year, provided that the amount deducted be remitted to the Navy-Marine Corps Relief Society, a charitable organization (EIN-53-0204618) doing business at 875 North Randolph Street, Suite 225, Arlington, VA 22203. I understand that this authorization may be revoked by me, by an allotment stoppage authorization, at any time before it expires and that it will be revoked automatically upon my separation from the service.

Contributions are tax deductible.

Contributor's Signature _____ **Date** _____

Copy 1: Forward to PSD/IPAC for AD Allotment Only

Copy 2: Forward to your Active Duty Fund Drive Key Person

Copy 3: Retain this copy for your records

Contribution Form

DFAS INFO | USMC Code: 954 USN Code: T602886

First Name _____ M.I. _____ Last _____

Pay Grade _____ SSN _____ - _____ - _____

(DFAS Requires SSN or EDIPI on Allotments Only) EDIPI _____

Homeport / Station _____

Command / UIC / RUC _____ / _____ / _____

EAOS / EAS (month / day / year) _____

Status Active Duty USN Active Duty USMC Retired USN* Retired USMC* Other

*Forward copy 1 to NMCRS HQ

Other Ways to Give

CHECK \$ _____ ON-LINE CREDIT CARD \$ _____ www.nmcrs.org/adfd

CASH \$ _____ ONE-TIME CHARGE
 RECURRING/MONTHLY CHARGE

TOTAL CHECK, CASH OR CREDIT CARD CONTRIBUTION \$ _____

Key Person's Signature _____

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PRIVACY ACT STATEMENT

General

This information is provided pursuant to the Privacy Act 1974 (5 U.S.C. 52a) for individuals who complete the contribution form for the Navy-Marine Corps Relief Society.

Authority

Executive Order 12353 authorized solicitation by members of the armed forces in support of their own members. 5 C.F.R. Part 950, and SECNAVINST 5340.7.

Principal Purposes and Routine Uses

This form is used as the authority to make deductions from service member's pay and transmit such amounts to the Navy-Marine Corps Relief Society. This information will be disclosed to disbursing office personnel and the Navy and Marine Corps Finance Center.

Effects of Nondisclosure

The disclosure of this information is voluntary; however, payroll deductions and payments to the Navy-Marine Corps Relief Society cannot be made without a completed form.

Information Regarding Disclosure of Your Social Security Number Under the Privacy Act, Section 7(b)

Disclosure by you of your social security number may be deemed mandatory for the purpose of payroll deductions for contributions. Solicitation of the social security number is an authorized provision of Executive Order 9397.

**SAFEGUARD PERSONALLY
IDENTIFIABLE INFORMATION
FROM UNAUTHORIZED
DISCLOSURE**