



Army Emergency Relief Annual Fund Campaign

Your Organization to help you
and other Army people in time
of emergency need.

Your contribution helps the Army care for its own.

RECEIPT

(To be completed by Keyperson)

(Name)

CONTRIBUTED \$ _____ TO

ARMY EMERGENCY RELIEF

TO BE PAID BY PAYROLL DEDUCTION

PAID IN CASH OR CHECK

(Keyperson Signature)

(Date)

YOUR CONTRIBUTION IS TAX DEDUCTIBLE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S.C., Section 3012.

PRINCIPAL PURPOSE: To authorize an allotment (*payroll deduction*) to Army Emergency Relief (*AER*).

ROUTINE USE: To start an allotment and record payroll deductions in soldier's pay record. SSN used for positive identification. Data used by appropriate agencies within US Army and National Headquarters, AER to monitor allotted funds and record them as voluntary contributions.

DISCLOSURE: Providing information is voluntary. Not providing all or part of the information will prevent contribution sought by the individual by allotment to Army Emergency Relief.

**YOUR CONTRIBUTION LETS ARMY PEOPLE HELP
ARMY PEOPLE THROUGH AER**

Contributor's Receipt-Copy 1

AER SECTION #	ARMY EMERGENCY RELIEF FUND CAMPAIGN	CONTROL NUMBER
AER CO. CODE	(Year) <small>To be completed by Contributor - (Use Ball Point Pen)</small>	

NAME (Last, first, middle initial)	GRADE	SOCIAL SECURITY NUMBER
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ORGANIZATION/ADDRESS	<input type="checkbox"/> ACTIVE DUTY SOLDIER <input type="checkbox"/> RETIRED SOLDIER <input type="checkbox"/> CIVILIAN
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CHECK CONTRIBUTION \$	CASH CONTRIBUTION \$	Names of contributors of \$300 or more are published in the AER Annual Report. If you do not want your contribution so recognized, check this block. <input type="checkbox"/>
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AER - C: ALLOTMENT FOR CONTRIBUTION TO AER (From Active or Retired Military Pay Only)

CHECK BOX OR FILL IN AMOUNT OF DEDUCTION EACH MONTH. CHECK BOX DESIGNATING PERIOD OF ALLOTMENT. ENTER TOTAL AMOUNT OF ALLOTMENT. (Minimum amount for payroll deduction is \$1.00.)

AMOUNT OF DEDUCTION EACH MONTH						PERIOD OF ALLOTMENT				TOTAL AMT OF ALLOTMENT
\$10.00	\$5.00	\$4.00	\$3.00	\$2.00	OTHER (Specify)	12 MOS	9 MOS	6 MOS	3 MOS	\$

I hereby authorize deductions from my monthly pay (not to exceed 12 months), starting with June, in the amount shown, for the period indicated. The amounts so deducted shall be sent to Army Emergency Relief. I understand this allotment authorization must remain in effect for a minimum of 3 months.

SIGNATURE (Required for allotment contribution only)	DATE (YYYYMMDD)
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