



Coast Guard Mutual Assistance

Active Duty - Contribution Allotment Authorization

Name: Last	First	M.I.	Rate/Rank	Social Security Number	Employee ID #
				XXX-XX-	
Home Address: Street	Apt. No.	City	State	Zip Code	E-Mail Address
				-	
Unit Name:					

YES! I want to help Coast Guard people in their time of need!

Please **Start** a monthly allotment from my Coast Guard Pay to Coast Guard Mutual Assistance in the amount of: \$ _____ effective (MM/YY) ____ / ____

Please **Change** my existing allotment to Coast Guard Mutual Assistance from \$ _____ to \$ _____ effective (MM/YY) ____ / ____

I hereby authorize this allotment to be taken from my Coast Guard Pay. I understand that it will remain in effect until I request that it be changed or stopped.

Signature (Required): _____ Date: ____ / ____ / ____

Please sign and submit the completed form to CGMA Headquarters via one of the following:

- ▶ Scan the form and Email to CGMA-HQ at ARL-DG-CGMA@uscg.mil (Preferred)
- ▶ Fax the form to: (703) 875-0344
- ▶ Mail the form to:

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!