



Combined Federal Campaign
Account Demographic Collection Form

My Organization – *Confirm/ update information*

Department	Agency	Office
_____	_____	_____
Address	City	State and Zip
_____	_____	_____
_____ Current # of employees at this location		

Leadership - *Please provide your Director and Deputy Director information*

Director Name	Title
_____	_____
Email	Phone
_____	_____
DeputyName	Title
_____	_____
Email	Phone
_____	_____

CFC Coordinator(s)- *Who will lead your fall campaign*

CoordinatorName	Email	Phone
_____	_____	_____
Co- CoordinatorName	Email	Phone
_____	_____	_____

Are you the Coordinator for any other federal office locations? Yes No

If yes, what location(s)? _____

Public Affairs - *Who is the POC for disseminating communications across your organization*

Name	Email	Phone
_____	_____	_____

Social Media - *Where can we find your office on social media*

Facebook _____

Instagram _____

Twitter _____