



# **Army Emergency Relief Annual Fund Campaign**

**"Soldiers helping Soldiers"**

**DA FORM 4908, SEP 2012**

PREVIOUS EDITIONS ARE OBSOLETE.

APD LC v1.00ES

**RECEIPT***(To be completed by Keyperson)*

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*(Name)*

CONTRIBUTED \$ \_\_\_\_\_ TO

**ARMY EMERGENCY RELIEF**☐ TO BE PAID BY PAYROLL DEDUCTION☐ PAID IN CASH OR CHECK

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*(Keyperson Signature)**(Date)***YOUR CONTRIBUTION IS TAX DEDUCTIBLE**

This receipt verifies that you received no goods or services in return for your contribution. Please retain this receipt as your proof of compliance with provisions of the August 1993 Revenue Reconciliation Act.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; AR 930-4, Army Emergency Relief; and E.O. 9397 (SSN).

**PURPOSE:** To obtain the necessary data for the Army Emergency Relief (AER) annual fund raising campaign in order to provide emergency financial assistance to Active, Retired Soldiers and widows of deceased retirees and their family members.

**ROUTINE USES:** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

**Disclosure to customer reporting agencies:**

Disclosure pursuant to U.S.C. 552a(b)(12) may be made from this system to 'consumer reporting agencies' as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act of 1966 (31 U.S.C. 3701(a)(3)).

Disclosure of records is limited to the individual's name, address, Social Security Number, and other information necessary to establish the individual's identity; the amount, status, and history of the claim; and the agency program under which the claim arose. This disclosure will be made only after the procedural requirement of 31 U.S.C. 3711(f) has been followed.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information may result in not being able to participate in the fund raising campaign.

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**YOUR CONTRIBUTION HELPS THE ARMY  
TAKE CARE OF ITS OWN**

Contributor's Receipt-Copy 1  
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AER SECTION #		<b>ARMY EMERGENCY RELIEF FUND CAMPAIGN</b> To be completed by Contributor - (Use Ball Point Pen)	<i>Requirement Control Symbol AG-766</i>	CONTROL NUMBER
NAME (Last, first, middle initial)		GRADE	SOCIAL SECURITY NUMBER	
ORGANIZATION/ADDRESS		<input type="checkbox"/> ACTIVE DUTY SOLDIER <input type="checkbox"/> RETIRED SOLDIER <input type="checkbox"/> CIVILIAN		
CHECK CONTRIBUTION \$	CASH CONTRIBUTION \$	Names of contributors of \$1,000 or more are published in the AER Annual Report. If you do not want your contribution so recognized, check this block. <input type="checkbox"/>		
ALLOTMENT FOR CONTRIBUTION TO AER (From Active or Retired Military Pay Only)				
CHECK BOX OR FILL IN <u>AMOUNT</u> OF DEDUCTION EACH MONTH. CHECK BOX DESIGNATING <u>PERIOD</u> 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
<div style="display: flex; justify-content: space-between;"> <span>\$50.00</span> <span>\$25.00</span> <span>\$15.00</span> <span>\$10.00</span> <span>\$5.00</span> <span>OTHER (Specify)</span> </div>		<div style="display: flex; justify-content: space-between;"> <span>12 MOS</span> <span>9 MOS</span> <span>6 MOS</span> <span>3 MOS</span> </div>		\$
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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