



# Army Emergency Relief

**Filling-out Your AER Pledge Form**

**(DA Form 4908)**

# Filling-out Your AER Pledge Form (DA Form 4908)



## Army Emergency Relief Annual Fund Campaign

"Soldiers helping Soldiers"

DA FORM 4908, SEP 2012

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APD LF v1.00ES

**FRONT/TOP**

# Filling-out Your AER Pledge Form (DA Form 4908)

[PRINT] Name of person making donation/pledge

**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**

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

The Contributor will receive COPY 1 – their receipt.

Total \$\$\$ Amount of donation/pledge

[CHECK BOX] If donation/pledge will be payroll deduction – ONLY IF YOU'RE PAID VIA DFAS

[CHECK BOX] If donation/pledge will be Cash or Check – CHECKS TO: ARMY EMERGENCY RELIEF

Unit AER Coordinator will sign their name here & date

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

Contributor's Receipt-Copy 1  
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Receipt for the Contributor; remember these donations are tax deductible.

# Filling-out the AER Pledge Form (DA Form 4908)

AER SECTION # (Year)		<b>Current Year</b> <small>To be completed by Contributor - (Use Last Year's Pen)</small>		<b>Military Pay Grade OR RET for Retiree</b>		<b>Contributor's FULL SSN</b> <small>R</small>				
NAME (Last, first, middle initial)			<b>Contributor's Name</b>		GRADE	SOCIAL SECURITY NUMBER				
ORGANIZATION/ADDRESS			<b>Contributor's Affiliated Organization</b>		<b>[CHECK ONE]</b> <b>Contributor's status</b>		<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			
<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> 12 MOS	<input type="checkbox"/> 9 MOS	<input type="checkbox"/> 6 MOS	<input type="checkbox"/> 3 MOS	<input type="checkbox"/> \$
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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Copy 2

# Filling-out the AER Pledge Form (DA Form 4908)

AER SECTION #	<b>ARMY EMERGENCY RELIEF FUND CAMPAIGN</b>				Requirement Control Symbol AG-766	CONTROL NUMBER
(Year)	To be completed by (Use Ball Point Pen)					
NAME (Last, first, middle initial)	Contributor's Total Check Amount Checks written out to: Army Emergency Relief		Contributor's Total Cash Amount		ONLY Military or Retiree can use the Allotment portion for their AER pledge	
ORGANIZATION/ADDRESS			GRADE		<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 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 \$
<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> 12 MOS <input type="checkbox"/> 9 MOS <input type="checkbox"/> 6 MOS <input type="checkbox"/> 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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AER SECTION # (Year)	<b>ARMY EMERGENCY RELIEF FUND CAMPAIGN</b> To be completed by Contributor - (Use Ball Point Pen)				Requirement Control Symbol AG-766	CONTROL NUMBER
NAME (Last, first, middle initial)	GRADE	SOCIAL SECURITY NUMBER				
ORGANIZATION	<input type="checkbox"/> ACTIVE DUTY SOLDIER <input type="checkbox"/> RETIRED SOLDIER					
CHECK OFF IF CONTRIBUTOR DOES NOT WANT YOUR CONTRIBUTION SO I WILL BE AUTOMATICALLY DEDUCTED, CHECK THIS BOX						
ALLOTMENT 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 \$50.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$15.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> OTHER (Specify) <input type="text"/>				PERIOD OF ALLOTMENT 12 MOS <input type="checkbox"/> 9 MOS <input type="checkbox"/> 6 MOS <input type="checkbox"/> 3 MOS <input type="checkbox"/>		TOTAL AMT OF ALLOTMENT \$
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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This section is for monthly allotment donations; select only one; if the desired amount is not listed then go to "OTHER" box to indicate monthly \$\$\$ amount

This section is for how many months to be allotted for pledge

This section is for the total \$\$\$ amount to be pledged  
 (\$\$\$ x ?Months=\$\$Total Amount)

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AER SECTION # (Year)	<b>ARMY EMERGENCY RELIEF FUND CAMPAIGN</b> To be completed by Contributor - (Use Ball Point Pen)	Requirement Control Symbol AG-766	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. (Minimum amount for payroll deduction is \$1.00.)			
AMOUNT OF DEDUCTION		PERIOD OF ALLOTMENT	
<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> 12 MOS	<input type="checkbox"/> 9 MOS
<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> 6 MOS	<input type="checkbox"/> 3 MOS
I hereby authorize deductions from my military pay, 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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This section is needed for authorizing DFAS to make the allotment to AER

The date of signature; allotments will start at the beginning of June

# Filling-out the AER Pledge Form (DA Form 4908)

AER SECTION #

ARMY EMERGENCY RELIEF FUND CAMPAIGN

Requirement  
Control Symbol

CONTROL NUMBER

NAME

OFFICER

CHIEF

\$

CHIEF

AL

**Copy 2 is to be given  
to the AER Section**

\$50.00

\$25.00

\$15.00

\$10.00

\$5.00

OTHER  
(Specify)

12 MOS

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

SIGNATURE (Required for allotment contribution only)

DATE (YYYYMMDD)

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AER SECTION #	ARMY EMERGENCY RELIEF FUND CAMPAIGN		Requirement Control Symbol	CONTROL NUMBER						
(Year)	To be completed by Contributor - (Use Ball Point Pen)		AG-766							
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"/>						
DEPARTMENT FOR CONTRIBUTION TO AER (From Active, Retired, Military Pay Only)										
CHECK BOX OR FILL IN AMOUNT OF DEDUCTION EACH MONTH. CHECK BOX FOR SIGNING 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					
\$50.00	\$25.00	\$15.00	\$10.00	\$5.00	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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# Filling-out the AER Pledge Form (DA Form 4908)

**Copy 3 is to be given  
to the Campaign  
Coordinator**

I hereby authorize deductions from my monthly pay (*not to exceed 12 months*), starting with June, *2012*, for a period indicated. The amounts so deducted shall be sent to Army Emergency Relief. I understand this allotment authorization has a minimum of 3 months.

SIGNATURE (*Required for allotment contribution only*)

DATE (YY)

DA FORM 4908, SEP 2012

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Campaign Coordinator-Copy 3  
APD LF v1.00ES

**Copy 3**

# Filling-out the AER Pledge Form (DA Form 4908)

AER SECTION #  (Year)	<b>ARMY EMERGENCY RELIEF FUND CAMPAIGN</b> To be completed by Contributor - (Use Ball Point Pen)				Requirement Control Symbol AG-766	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 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 & 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 pay allotment is \$1.00.)						
AMOUNT OF DEDUCTION EACH MONTH				PERIOD OF ALLOTMENT		TOTAL AMT OF ALLOTMENT
\$50.00	\$25.00	\$15.00	\$10.00	\$5.00	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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Copy 4

# Filling-out the AER Pledge Form (DA Form 4908)

**Copy 4 is to be kept by the  
Unit AER Keyperson until  
the end of the campaign;  
then destroyed**

I hereby authorize deductions from my monthly pay (or other source) of \_\_\_\_\_ per month for a period of \_\_\_\_\_ months. The amount of 3 months.

amounts so deducted shall be sent to Army Emergency Relief. I understand this allotment authorization is for my personal use only and is not to be used for any other purpose.

SIGNATURE (Required for allotment contribution only)

DATE (MM/DD/YYYY)

DA FORM 4908, SEP 2012

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Campaign Keyperson-Copy 4

APD LF v1 .00ES

**CONGRADULATIONS**



**YOU  
ARE  
DONE!**

# Need more help? Have a question?

Please contact me:

Mr. Parrish Cruz

[parrish.cruz.civ@mail.mil](mailto:parrish.cruz.civ@mail.mil)

(760) 380 - 3513



**Thanks  
for your  
Donation!**

