



Charitable Contributions Campaign Pledge Form

PAYROLL DEDUCTION

For \$ _____ per pay period, for 26 pay periods (minimum \$1.00 per pay period)

Please check one:

- Change Existing Payroll Deduction: Increase, Decrease, Change Charity

ONE TIME CONTRIBUTION

Attached is a check(s) for \$ _____ Please make check(s) payable to the charity(s) of your choice as noted below in your pledge amounts.

Total payroll deduction for \$ _____ for one pay period. (One time contributions can be made on behalf of others as a gift.)




You may designate all or a portion of your gift to one or more of the organizations listed below. Charity descriptions can be found in the Charitable Contributions Campaign Brochure, or contact your Department Campaign Coordinator. Examples of how to donate to multiple funds are on the following page.

Your pledge donations must be in \$1.00 increments per fund! (\$1.00 minimum, more is welcome!)

PLEASE DISTRIBUTE MY CONTRIBUTION AS FOLLOWS:

Table with 4 columns and 4 rows of charity options. Each cell contains charity name, logo, amount field, and specific charity name(s) and amt: field.

Please note: If you choose to give to the *Bay Area Community Fund, Community Health Charities, EarthShare California, or Healthcare Heroes*, you may specifically direct your contribution to one of their affiliated charities or funds if you wish (See the Charitable Contributions Campaign Brochure for list of charities). Just write the name of that charity(s) under your dollar amount in the space provided. *See examples below:*

Example 1 <i>Full amt. given to the charity to distribute as they see fit</i>	Example 2 <i>Full amt. given to a specific org under the charity's umbrella</i>	Example 3 <i>Split donation within the charity's umbrella</i>
<p>188 Community Health Charities</p>  <p>\$ <u>10.00</u></p> <p><i>Amount</i></p> <p>Specific charity name(s) and amt:</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>	<p>188 Community Health Charities</p>  <p>\$ <u>10.00</u></p> <p><i>Amount</i></p> <p>Specific charity name(s) and amt:</p> <p>1 <u>Arthritis Foundation \$10</u></p> <p>2 _____</p> <p>3 _____</p>	<p>188 Community Health Charities</p>  <p>\$ <u>10.00</u></p> <p><i>Amount</i></p> <p>Specific charity name(s) and amt:</p> <p>1 <u>Arthritis Foundation \$4</u></p> <p>2 <u>City of Hope \$3</u></p> <p>3 <u>The Parkinson's Institute \$3</u></p>

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID Number: _____
 Department: _____ PONY# _____
 Work Phone Number: _____ Other Phone Number: _____

PAYROLL AUTHORIZATION

(For payroll deduction)

I hereby authorize the Controller of San Mateo County to deduct \$_____ (a total amount in multiples of \$1.00) from my earnings each bi-weekly pay period. This authorization shall remain in effect until change is given by written notice to the Controller's office.

FEDERATION / CHARITY / FUND

Please acknowledge my gift, Payroll Deduction or One Time Contribution (for tax purposes), and mail acknowledgement to my address below.

Please acknowledge my One Time Contribution Gift on behalf of:
 (please print name) _____

Employee Address _____ City _____ Zip _____

Employee Signature _____

Please return pledge form to: Perla Pobre, Controller's Office, CTL 135