



Charitable Contributions Campaign Pledge Form

PAYROLL DEDUCTION

\$\_\_\_\_\_ per pay period (minimum \$1.00)

Please check one:

- New Deduction
 Change Existing Payroll Deduction:
Please select:  Increase  Decrease  Change Charity

ONE TIME CONTRIBUTION

- Attached is a check(s) for \$\_\_\_\_\_
Please make check(s) payable to the charity(ies) of your choice as marked below.
 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. Examples of how to donate to the four large "umbrella" charities on the top row of the table below are found on page two.




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

PLEASE DISTRIBUTE MY CONTRIBUTION AS FOLLOWS:

Table with 4 columns and 4 rows of charity options. Each cell contains a charity name, logo, a dollar amount line, and a list of specific charity names and amounts (1-3 or 1-5).

The example below only applies to the four charities on the top row of the previous page (United Way Bay Area, Community Health Charities, EarthShare California and Healthcare Heroes). Those four are large umbrella charities, and you may allow them to apply your donation as they see fit or specify which sub-charity(ies) to apply it to. (See the [Charitable Contributions Campaign Brochure](#) for list of charities). Just write the name of the charity(ies) under your dollar amount in the space provided.

**Example of a \$10 donation: Options if you choose to donate to one of the four “umbrella” charities:**

<b>Example 1</b> <b>Full amt. given to the charity to distribute as they see fit</b>	<b>Example 2</b> <b>Full amt. given to a specific org under the charity’s umbrella</b>	<b>Example 3</b> <b>Split donation within the charity’s umbrella</b>
<p>188 <b>Community Health Charities</b></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 <b>Community Health Charities</b></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 <b>Community Health Charities</b></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 County of San Mateo Controller to deduct \$\_\_\_\_\_ (amount must be 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 print this pledge form, make a copy for your records, and PONY it to:  
 Controller’s Office, Payroll Division (PONY: CTL 135)**

**QUESTIONS?**

Please contact your dept.’s Campaign Coordinator (list on Campaign [home page](#) at <https://cmo.smcgov.org/charitable-contributions-campaign>) or Eric Forgaard in the County Manager's Office, [eforgaard@smcgov.org](mailto:eforgaard@smcgov.org)