NO CASH ACCEPTED

NO CASH ACCEPTED

NO CASH ACCEPTED

| PER PAY PERIOD | \$20 x 26 pay pe | | \$10 x 26 pay periods = \$260 \$ x 26 pay periods = \$ | | Total | TOTAL CONTRIBUTION Total Payroll Deduction \$ Total One-Time Check \$ | | |
|--|--|---|---|---------------------------------------|----------------|---|-------|--|
| ONE TIME DONATIO | N BY CHECK Plea | ase make checks to ag | encies payable to the Federation(| s) with which they are affiliated. | TOTAL | One-Time Check 5 | | |
| | or unaffiliated (Donor C dership Giver. | Choice) agencies see 6 & 7 on back. Attach your check(s) to this form | | | тот | TOTAL ANNUAL GIFT \$ | | |
| LastName | | First Name | | M.I. D | ept# | Department Name | | |
| | | | | | | Work Phone | | |
| | | yroll deductions | | | | | | |
| mployee Signature | (Required for Pa | yroll ID Deduction | Only) | | | | | |
| Note: To be thanked | l by Federation o | or agency of your o | choice, please complete the | following information, oth | erwise your | gift will be considered anony | /mou | |
| Street Address | | | | City | | Zip | | |
| Email Address | | | | | | Page | _of _ | |
| ☐ I would like to re | emain anonymou | ıs | | | | | | |
| | Code | Agency Nar | ne | | A | nnual Gift | | |
| | L2000 | LocalInd | lependent Charities Add | ministrative Fee 1.8% | \$_ | | | |
| | | | | | _ \$_ | | | |
| Local Independent Charities of America | | | الماداداداداد المادر | o Endoration and Foderation Attr | _ ¢ _ | \$ | | |
| of same rea | A800 | Δsian Pa | cific Fund Administrative Fee | o Federation and Federation Affiliate | | | | |
| ASIAN PACIFIC | A000 | Asiairi a | CITIC I UTIC Autimistrative Fee | 5 5 70 | \$ | | | |
| FUND | | | | | \$ | | | |
| A Community Foundation | | | Total pledges to | o Federation and Federation Affiliate | es \$ | \$ | | |
| (I A) | 100 | Bay Area Black United Fund Administrative Fee 14% | | | \$ | | | |
| | | | | | _ \$ | | | |
| TO UNITED S | | | | | _ \$_ | \$ | | |
| | | Total pledges to Federation and Federation Affiliates | | | | | | |
| | 999 | Commun | nity Health Charities Ad | ministrative Fee 5% | \$ | | | |
| COMMUNITY Give. Connect HEALTH CHARITIES Help.** | et - | | | | _ | | | |
| | | | Total pledges to | o Federation and Federation Affiliate | | \$ | | |
| | Λ_001 | Farth Sha | | | \$ | | | |
| EarthShare | 999 Community Health Charities Admini | /e Fee 14.3% | _ \$_ | | | | | |
| | | | | | _ \$ | | | |
| | | | Total pledges to | o Federation and Federation Affiliate | es \$ | | | |
| SI DDAI | 10187 | Global Im | 1pact Administrative Fee 11.64 | 1% | \$ | | | |
| GL®BAL IMPACT | | | | | _ \$_ | | | |
| Assuring help for people in need | | | + | - Followskin - LE 1 - 2 - 2500 C | _ \$ _ | \$ | | |
| | | | | o Federation and Federation Affiliate | | | | |
| INITED WAY | 1 - | United Way Bay Area Administrative Fee 15% | | | \$ | | | |
| UNITED WAY United Way Way | | | | | - \$ <u> </u> | | | |
| | | | Total pledges to | o Federation and Federation Affiliate | - :— | \$ | | |
| | | | on the back of this form before | completing this section. | · <u></u> | | | |
| | , | · | • | section. The agency must be a | qualified tax- | exempt organization. | | |
| | | | | | <u>\$</u> | \$ | | |
| 1001655 | | | ZipPhon | | Tax IDa | # | | |

| To designate to all agency not listed | a, please effici your choice and provide a | duless in this section. The agenc | y must be a qualified tax-exempt organiza | auon. | |
|---------------------------------------|--|-----------------------------------|---|-------|--------|
| Agency | | | | | |
| Address | | | | _\$ | |
| City/State | Zip | Phone | Tax ID# | | |
| Agency | | | <u> </u> | \$ | |
| Address | | | | | _ _ |
| City/State | 7in | Phone | Grand Total Annual | \$ | |

Pledge Form Guidelines

- 1. **Decide to whom you wish to give and how much to each.** Refer to the brochure for information about the Federations, their affiliated organizations, and their code numbers. Decide if you will give an annual payroll deduction and/or a one-time donation.
- 2. **Fill out your name, department number, department name and work phone number.** This will allow us to contact you if we have any questions.
- 3. **Fill in your DSW#.** Your DSW is required for payroll deduction (and is optional for one-time gifts).
- 4. Sign the form. Your signature is required for payroll deduction (and is optional for one-time gifts).
- 5. **Acknowledgement** To receive a thank you for your donation to a Federation or agency, complete the portion of the form below your your signature with a legible, valid email or mailing address. If you do not complete this portion, your donation will be considered anonymous and your name will not be released to the agency.
- 6. Indicate to which charity(ies) you wish to give.
 - A. **Federations**—Write the amount on the top line across from the name.
 - B. Charity within a Federation Write the code # (if available), name and amount on the line.
 - C. **Donor Choice**—If the charity you wish to donate to is not listed in the brochure, you may designate any IRStax exempt charity that is not listed in the campaign brochure under a Federation. If we are unable to determine that your choice is eligible to receive tax deductible donations, your donation will be returned to you. We use www.guidestar.org and other sources to determine tax deductibility. We will process contributions to a religious organization without evidence of its tax-exempt status, but be aware that your contribution is tax-deductible only if the organization complies with federal tax requirements. You are responsible for determining whether the organization complies. Member agencies written under donor choice will be forwarded to appropriate Federation. Minimum Payroll Deduction gifts: \$2 per pay period. Minimum one-time gifts: \$25, please make check(s) payable to selected charity(ies) and provide full address. **Donor Choice contributions are subject an 11% processing fee.**
 - D. **Not Enough Room use another form.** Write in your name, department and workphone. Fill-in the ______page of _____pages on the bottom right of the form and staple the two forms together.
- 7. **Annual Payroll Deduction** Write your employee number (from your payroll stub) in the box and sign the form. You must give in multiples of 26 (pay periods). In the upper left corner of the form, indicate how much you wish to give per pay period. Please note that there is a minimum of \$1 per pay period for gifts to Federations and their charity groups, and \$2 per pay period for any Donor Choice charity. List your yearly amount in the total contribution section. Payroll deductions are distributed to charities on a quarterly basis.
- 8. One-Time Donation If you are giving to a Federation or a charity listed under a Federation write check(s) to the Federation(s), one check per Federation. If you are giving to a non-federated agency through Donor Choice (see 5.C. above) please provide full address and make check payable directly to the charity. There is a minimum one-time gift amount of \$25. List the total donation at the top of the page under One-Time Donation and under Total Contribution. Staple your check(s) to this form.
- 9. **Total Annual Gift** Add up your payroll deduction and one-time gift(s).
- 10. Turn in your pledge form to your Department Captain or Coordinator.
- 11. For further information, contact our website at http://www.sfgov.org/charity or call our Donor Hotline at (415) 925-2604.

What Your \$\$ Buys

\$2 per month



Healthy meals for a homeless person in your community



Shoes, clothes and winter coats for families in need



Adoption of one dolphin, which helps ensure that tuna remains truly dolphin-safe



Oral hydration therapy for 10 children for one year in Asia, Africa or Latin America



1 social or recreational outing for a person with developmental disabilities



Provides a day meal at summer camp for disadvantaged youth

\$10 per month



Provides a surgical kit with essential instruments for emergency exams and basic surgery in the poor areas of the world



Fresh produce at wholesale prices for low-income families



1 week atsummer day camp for a child with sickle cell disease

Provides adjusting a materials resources



Provides educational materials resources and services to AID's patient and their families



Sponsors a major clean-up of a sevenmile stretch of river of household debris, construction and auto parts

\$25 per month



1 airline ticket for a family member to see a terminally ill loved one



Holiday meals for homebound patients



A semester-long, hands-on high school classroom series on environmental health and the urban environment



Supplementary dry feeding kit—enough to feed 500 malnourished children in the poorest areas of the world



Day care for a child of a mother who is receiving job training



Provides educational software for 3 computers for youth at-risk

Leadership Givers Recognition – If you contribute over \$500 annually either through payroll deduction or one-time gift or both, you will receive a special SF City and County Combined Charity Campaign Lapel Pin. Please ask your Department Captain or Coordinator for more information.