

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:

<p>186 United Way Bay Area</p>  <p>\$ _____ <i>Amount</i></p> <p>Specific charity name(s) and amt: (See Campaign brochure)</p> <p>1 _____ 2 _____ 3 _____</p>	<p>188 Creating Healthier Communities</p>  <p>\$ _____ <i>Amount</i></p> <p>Specific charity name(s) and amt:</p> <p>1 _____ 2 _____</p>	<p>190 Earthshare California</p>  <p>\$ _____ <i>Amount</i></p> <p>Specific charity name(s) and amt: (See Campaign brochure)</p> <p>1 _____ 2 _____ 3 _____</p>	<p>194 Healthcare Heroes</p>  <p>\$ _____ <i>Amount</i></p> <p>Specific charities and amt: Indicate where to apply funds. (See Campaign brochure)</p> <p>1 (greatest need) _____ 2 _____ 3 _____ 4 _____ 5 _____</p>
<p>269 Sheriff's Activities League</p>  <p>\$ _____ <i>Amount</i></p>	<p>192 Children's Fund</p>  <p>\$ _____ <i>Amount</i></p>	<p>195 SMC Parks Foundation</p>  <p>\$ _____ <i>Amount</i></p>	<p>199 Foundation for San Mateo County Library Fund</p>  <p>\$ _____ <i>Amount</i></p>
<p>191 The Adult Fund</p> <p>\$ _____ <i>Amount</i></p>	<p>193 Home Delivered Meals Program</p> <p>\$ _____ <i>Amount</i></p>	<p>200 Homeless Trust Fund</p>  <p>\$ _____ <i>Amount</i></p>	<p>189 Wendler Substance Abuse Treatment Fund</p> <p>\$ _____ <i>Amount</i></p>
<p>289 Court Appointed Special Advocates (CASA)</p>  <p>\$ _____ <i>Amount</i></p>	<p>288 The 100 Club of San Mateo County</p>  <p>\$ _____ <i>Amount</i></p>	<p>185 Canine Companions for Independence</p>  <p>\$ _____ <i>Amount</i></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 the acknowledgement to my address below.

The example below applies only to the three federations on the top row of the previous page (United Way Bay Area, Community Health Charities, and EarthShare). Those four are "umbrella" federations), 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 three federations:

	Example 1 <i>Full amt. given to the Federation to apply as they see fit</i>	Example 2 <i>Full amt. given to a specific org under the Federation’s umbrella</i>	Example 3 <i>Split donation within a Federation</i>
	188 Creating Healthier Communities	188 Creating Healthier Communities	188 Creating Healthier Communities
	\$ <u>10.00</u> <i>Amount</i>	\$ <u>10.00</u> <i>Amount</i>	\$ <u>10.00</u> <i>Amount</i>
	Specific charity name(s) and amt:	Specific charity name(s) and amt:	Specific charity name(s) and amt:
1	<u>\$10</u>	1 <u>Arthritis Foundation \$10</u>	1 <u>Arthritis Foundation \$4</u>
2	_____	2 _____	2 <u>City of Hope \$3</u>
3	_____	3 _____	3 <u>Parkinson’s Institute \$3</u>

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

Employee Address _____ City _____ Zip _____

Employee Signature _____

Please print, fill out, sign, make a copy for your records, and either PONY it to: Controller’s Office, Payroll Division (PONY: CTL 135) or email the signed doc to payroll@smcgov.org

QUESTIONS?

Contact Eric Forgaard in the County Executive’s Office: eforgaard@smcgov.org