



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:

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

The example below only applies to the first three charities on the top row of the previous page (United Way Bay Area, Creating Healthier Communities and EarthShare California). Those three are "umbrella" charities (federations), and you may either allow them to apply your donation as they see fit or specify which sub-charity(ies) to apply it to. See the examples below. 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:

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

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, 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 Manager's Office: eforgaard@smcgov.org