



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 charity name, logo, amount field, and specific charity name(s) and amount list.

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 "umbrella" charities (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 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
<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 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?

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