



2008 Berkeley Lab SHARES\* Campaign

# The Heart of Berkeley Lab

\* Science for Health, Assistance, Resources, Education and Services

Payroll deduction(s) for \$ \_\_\_\_\_ per month, effective January 2009

One-Time payroll deduction for \$ \_\_\_\_\_ effective January 2009

Check (attached) for \$ \_\_\_\_\_ = \$

**Grand Total Annual**

**Please make checks to agencies payable to the Federation with which it is affiliated. Include a separate check for each federation.**

You may designate some or all of your gift generally to any Federation(s), specifically to any member charity(ies) or to any charity in the U.S. To make a gift to any individual charity(ies), please include the individual code number, and/or agency name, the gift amount, and list it under the applicable Federation. The total payroll deduction pledge to any Federation and/or Affiliates must total \$1 or more per pay period (\$12/year). **Use ball point pen please!**

| Code  | Agency Name   | Monthly Gifts | Subtotal |
|---|---|---------------|----------|
|    | <b>L2000 Local Independent Charities</b>              | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | Total pledges to Federation and Federation Affiliates | \$ _____      | \$       |
|    | <b>100 Bay Area Black United Fund</b>                 | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | Total pledges to Federation and Federation Affiliates | \$ _____      | \$       |
|   | <b>C-99 Community Health Charities of California</b>  | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | Total pledges to Federation and Federation Affiliates | \$ _____      | \$       |
|  | <b>A-001 Earth Share of California</b>                | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | Total pledges to Federation and Federation Affiliates | \$ _____      | \$       |
|  | <b>10187 Global Impact</b>                            | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | Total pledges to Federation and Federation Affiliates | \$ _____      | \$       |
|  | <b>United Way of the Bay Area</b>                     | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | Total pledges to Federation and Federation Affiliates | \$ _____      | \$       |
|  | <b>Berkeley Lab SHARES</b>                            | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | _____   | \$ _____      |          |
|   | Total pledges to Federation and Federation Affiliates | \$ _____      | \$       |

### Donor Choice Plan

To designate to an agency not listed, please enter your choice in this section. The agency must be a qualified tax-exempt organization.

**Make checks payable to Community Health Charities of California.** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: If you wish to be acknowledged by the Federation or Agency of your choice, please complete the following information:

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_