



The Heart of Berkeley Lab

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

Payroll deduction(s) for \$ _____ per month, effective January 2012

One-Time payroll deduction for \$ _____ effective January 2011

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 Affiliates must total \$1 or more per pay period (\$12/year). Use ball point pen please!

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