



The Heart of Berkeley Lab









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

☐ Payroll deduction(s) for \$ _____ per month, effective January 2014
☐ One-Time payroll deduction for \$ _____ effective January 2014
☐ 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 |
|---|-------|---|--|----------|
|  | 999 | Community Health Charities of California | \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____ | \$ _____ |
|  | 100 | Bay Area Black United Fund | \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____ | \$ _____ |
|  | A-001 | EarthShare California | \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____ | \$ _____ |
|  | 10187 | Global Impact | \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____ | \$ _____ |
|  | L2000 | Local Independent Charities | \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____ | \$ _____ |
|  | | United Way of the Bay Area | \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____ | \$ _____ |
|  | | Berkeley Lab SHARES | \$ _____ \$ _____ \$ _____ Total pledges to Federation and Federation Affiliates \$ _____ | \$ _____ |
|  | A-400 | Foundation For The Arts In Alameda County | \$ _____ \$ _____ 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.

For donor choice plan (non-member charities), the processing fee is 15%.

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 _____

ORIGINAL - WHITE

FEDERATION - YELLOW

DONOR - RETAIN PINK COPY OF THIS FORM FOR TAX PURPOSES