



# BENEVOLENT FUND

Give Help, Give Hope.

## 2012 Campaign Pledge Form

Employee Name: \_\_\_\_\_  
*(please print your full name)*

Employee #: \_\_\_\_\_ *(this number may be located on your payslip)* Blazer ID: \_\_\_\_\_

Campus Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle your payroll: UAB Health System HSF Callahan VIVA

\_\_\_\_\_ Please check here if you are **changing** your gift type/amount.

### Continuous Giver through payroll deduction

#### 1 HOUR PAY PER MONTH: Fairshare Giver

\_\_\_\_\_ Check this option if you'd like to donate **one (1) hour** of your pay per month.

#### 1 PERCENT PAY PER MONTH: Fairshare Giver

\_\_\_\_\_ Check this option if you'd like to donate **one (1) percent** of your pay per month.

#### FIXED AMOUNT PER MONTH: Good Faith Giver

\_\_\_\_\_ Check this option if you'd like to donate a **fixed amount** of your choice.

\$ \_\_\_\_\_ /month (specify amount)

### Leadership Giver through payroll deduction *or* one time gift (\$1,000 or more per year)

Select one of the following if you'd like to give at this level, or increase your Leadership Gift:

\_\_\_\_\_ **\$84.00/month** (\$1,000/yr) payroll deduction **or** \$ \_\_\_\_\_ /month (specify amount) payroll deduction

Initial here if you **do not** want to be recognized in publicity as a Leadership Giver by Benevolent Fund or United Way: \_\_\_\_\_

If you'd like to include your spouse in your gift, print name(s) for publicity: \_\_\_\_\_

### One Time Gift

Please indicate the amount of your One Time Gift: \$ \_\_\_\_\_ (specify amount)

Please circle your preferred method for this gift:

Payroll deduction Attached cash Attached check # \_\_\_\_\_  
*(include check number)*

### Gift Designation

You may designate your gift to a maximum of three (3) agencies. Please enter the name and three digit code assigned to each agency in the Benevolent Fund brochure or on the Benevolent Fund's website. If you'd like for your donation to be used for Employee Emergency Assistance Program or Independent Agencies (supported agencies without designation codes) please use code #000.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please return this form to the Benevolent Fund office:

Campus address: AB B-84, zip 0100  
Fax number: 975-9608

Office number: 934-1581  
E-mail: benevolentfund@uab.edu