



CHARITABLE GIVING campaign







Full Name:		Recognition Name(s):		
Company Name:		Dept:		_ Employee ID#:
Home Address:		City:		_ Zip Code:
Home Phone:Cell Phone:		E-mail:		
	MY PL	EDGE ———		
Step 1 - How do you wish to contribut	e? You can choose from the foll	owing options:		
O Payroll Deduction Contribution	O Credit Card Payment Contribution		One Time Contribution	
\$ per pay period Amount	MasterCard \$	Discover Card Visa	\$ Make check or mo	Amount oney order payable to directly to
X# of Annual pay periods	Total Amount Credit Card #		-	mmunity Health Charities
\$ Total Annual Contribution	Expiration Date			nited Way of Salt Lake ommunity Shares/Utah
Signature Date	Name on Card Signature	Date	\$ To	tal
Step 2 - If you would like your contrib designate below. Refer to yo	oution, or part of your contribut ur booklet for individual agenc		charitable federation	o or agency you may
O Community Health Charities	O United Way of Salt Lake		O Community Shares/Utah	
\$	\$		\$	
Specify Charity Designation Agency Name				Amount
				. \$
				\$
				\$
				_ \$