



**1. Penn Id# (Required Field)**

*If you do not know your Penn ID please contact the appropriate number below:*  
**UPENN Employees:** 215-417-2273      **UPHS Employees:** 215-615-2710

**2. My Information**

Mr/Ms/Mrs/Dr (please circle) Name: \_\_\_\_\_

Home Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Time Campus/Work Phone: \_\_\_\_\_

Email Address : \_\_\_\_\_

**Signature (Required Field):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. Total Annual Gift & Method of Payment**

**Payroll Deduction** (Beginning January 2008)  
 An equal amount from each pay     An equal amount from \_\_\_\_ pays     One deduction from a single pay

**Check**  
 Make payable to **Penn's Way Campaign**. Attach your check to the pledge form before submitting.

**Cash**  
 Attach your cash to the pledge form before submitting.

**Credit Card**  
 This transaction is a one-time only, lump-sum charge to your credit card. Due to the impact on administrative costs, suggested minimum credit card donation is \$25.00. Your billing address is required for credit card giving.

VISA      Card Number: \_\_\_\_\_  
 Mastercard      Expiration Date: \_\_\_\_ / \_\_\_\_

AmEx

**My Total Gift Amount: \$**

*This is the total yearly contribution, not the amount to be deducted from your weekly or monthly pay.*

*Ask your Penn's Way Captain/Coordinator how to become a Leadership Donor.*

**4. My Community Donation (You can choose up to five organizations.)**

Enter the five-digit code number of the organization(s), name of the organization(s) and gift amount that you wish to donate. For a full listing of charitable organizations please visit [www.upenn.edu/pennsway](http://www.upenn.edu/pennsway)

Code Number	Name of Organization	Gift Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**For employees who would like to direct their gift to the organizations and funds pre-selected by our giving partners.**

Provide resources to organizations and communities through the **Center for Responsible Funding**. \*If you wish to choose a member agency, enter its code numbers above.

<input type="radio"/> AIDS FUND (CO100)	\$ _____	<input type="radio"/> Delaware Valley Legacy Fund (CO600)	\$ _____
<input type="radio"/> America's Charities (CO700)*	\$ _____	<input type="radio"/> Environmental Fund for Pennsylvania (CO400)*	\$ _____
<input type="radio"/> Bread & Roses Community Fund (CO200)	\$ _____	<input type="radio"/> WOMENS WAY (CO500)*	\$ _____

Improve the health and social welfare of the patients of **PENN Medicine**.

<input type="radio"/> Abramson Cancer Center		<input type="radio"/> Penn Presbyterian Medical Center (00879)	\$ _____
University of Pennsylvania Health System (04436)	\$ _____	<input type="radio"/> Pennsylvania Hospital (00093)	\$ _____
<input type="radio"/> Hospital of the University of Pennsylvania (00069)	\$ _____	<input type="radio"/> Wissahickon Hospice (03746)	\$ _____

Provide resources to organizations and communities through **United Way's Community Impact Fund**.

<input type="radio"/> Preparing Children to Achieve (00011)	\$ _____	<input type="radio"/> Strengthening Neighborhoods and Communities (00101)	\$ _____
<input type="radio"/> Building Adult Independence and Self Sufficient Families (00100)	\$ _____	<input type="radio"/> I care about all of these issues and want my investment to go where it is most needed through the Community Impact Fund. (00034)	\$ _____

**Need Help?** | For information and a full listing of charitable organizations, please visit [www.upenn.edu/pennsway](http://www.upenn.edu/pennsway) or call (215) 746-GIVE (4483)