

1. Penn Id# (Required Field)

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If you do not know your Penn ID:
UPENN Employees: Please see your business administrator.
Penn Medicine Employees: Please refer to your paycheck stub.



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 2010)
 - 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.

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

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.

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|---|---|
| <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 (CO300) \$ _____ | <input type="radio"/> WOMENS WAY (CO500)* \$ _____ |
| <input type="radio"/> Community Health Charities* (CO200) \$ _____ | <input type="radio"/> Global Impact* (CO800) \$ _____ |

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

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|---|--|
| <input type="radio"/> Abramson Cancer Center (04436) \$ _____ | <input type="radio"/> Pennsylvania Hospital (00093) \$ _____ |
| <input type="radio"/> Hospital of the University of Pennsylvania (00069) \$ _____ | <input type="radio"/> Wissahickon Hospice/Penn Homecare and Hospice (03746) \$ _____ |
| <input type="radio"/> Joan Karnell Cancer Center (45763) \$ _____ | <input type="radio"/> Scheie Eye Institute (00880) \$ _____ |
| <input type="radio"/> Penn Presbyterian Medical Center (00879) \$ _____ | <input type="radio"/> Sayre Health Center (45760) \$ _____ |

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

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|---|---|
| <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 or call 215.746.GIVE (4483)

UPENN Employees: Please return your pledge in a Confidential Intramural envelope to:
Penn's Way
 c/o Payroll Department
 310 Franklin Building / 6284

Penn Medicine Employees: Return the pledge form to your Penn's Way Captain or Coordinator