# Pledge Form

**SAVE TIME, DONATE ONLINE | www.upenn.edu/pennsway**

## 1. Penn ID# (Required Field)
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 2014)
  - 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 bi-weekly or monthly pay.*

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

## 4. My Community Donation

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 below.)*

- **AIDS FUND (C0100)**
  - $ __________
- **America's Charities* (C0700)**
  - $ __________
- **Bread & Roses Community Fund (C0300)**
  - $ __________
- **Community Health Charities of PA* (C0200)**
  - $ __________
- **Delaware Valley Legacy Fund (C0600)**
  - $ __________
- **EarthShare Pennsylvania (C0400)*
  - $ __________
- **Global Impact* (C0800)**
  - $ __________
- **WOMEN'S WAY (C0500)**
  - $ __________

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

- **Abramson Cancer Center (04436)**
  - $ __________
- **Hospital of the University of Pennsylvania (00069)**
  - $ __________
- **Joan Kornell Cancer Center (45763)**
  - $ __________
- **Pennsylvania Hospital (00093)**
  - $ __________
- **Penn Presbyterian Medical Center (00879)**
  - $ __________
- **Scheie Eye Institute (00880)**
  - $ __________
- **The Dr. B. Nett Johnson, Jr. Sayre Health Center (45760)**
  - $ __________
- **Penn Wissahickon Hospice (03746)**
  - $ __________

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

- **Education for Children (00011)**
  - $ __________
- **Income for Families (00100)**
  - $ __________
- **Health for Seniors (00101)**
  - $ __________
- **Basic Needs (48108)**
  - $ __________
- **I care about all of these issues and want my investment to go where it is most needed through the Community Impact Fund. (00334)**
  - $ __________

United Way of Greater Philadelphia and Southern New Jersey gratefully accepts gifts of any amount to our Community Impact Fund. If you would like to designate your gift to a specific agency (below), we ask that you contribute a minimum of $1 per bi-weekly pay period or $2 per monthly pay period to ensure meaningful support reaches the agency.

**For employees who would like to direct their gift to a specific agency,** enter their five-digit code, name 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).

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<thead>
<tr>
<th>Code Number</th>
<th>Name of Organization</th>
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**Need Help?** For information and a full listing of charitable organizations, please visit [www.upenn.edu/pennsway](http://www.upenn.edu/pennsway).

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