

Bryn Mawr College Combined Giving Campaign Donor Pledge Form

Name _____ Extension _____

Department _____

Home Address _____

Biweekly staff (26 paychecks)

Monthly faculty/staff (12 paychecks)

You may designate all or a portion of your donation to one or more organizations listed below. Enter the code number from the materials, the name of the organization, and the amount. Amounts will be deducted beginning with the first pay in January 2025 and ending with the last pay in December 2025. Thank you for your contribution.

AIDS Fund		
(You may donate directly to this fund but may not choose individual charities within it)		
Check/Cash Attached	Payroll deduction: Amount per pay period	Total (payroll deduction x number of paychecks)
\$	\$	\$

Bread & Roses Community Fund		
(You may donate directly to this fund but you may not choose individual charities within it)		
Check/Cash Attached	Payroll deduction: Amount per pay period	Total (payroll deduction x number of paychecks)
\$	\$	\$

United Way of Greater Philadelphia and Southern New Jersey*			
Check/Cash Attached	Payroll deduction: Amount per pay period	Total (payroll deduction x number of paychecks)	
\$	\$	\$	
I would like to designate these amounts to the following organizations in United Way (total of lines 1 through 3 should equal total amount above):			
Organization Name	Code Number	Amount per pay period	Total
1.			\$
2.			\$
3.			\$

Women's Way		
(You may donate directly to this fund but you may not choose individual charities within it.)		
Check/Cash Attached	Payroll deduction: Amount per pay period	Total (payroll deduction x number of paychecks)
\$	\$	\$

* The United Way has a \$50 minimum annual pledge to a designated organization. You can search for specific organizations at **DonorChoice.UnitedforImpact.org** or choose from the following United Way pillars:

- Early Learning 54219
- Career Pathways 54220
- Financial Empowerment 100
- Community Resiliency 54222

I hereby authorize the deduction of the amount shown in the per pay box above from each pay period.

Signature: _____ Date: _____